

Name  
in  
Full

Amanda Anderson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Easton		Talbot					
Date of death	Month	Day	Age	Years	Months	Days	
1909	Dec	22	73		2 weeks	Unk.	
Sex	Female	Color or Race	Black		Birth-place	Caroline Co	
Occupation	Cook	Where Residing if not at place of death			Home		
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	John Anderson			Father's Birthplace	Caroline		
Mother's Maiden Name	Unknown			Mother's Birthplace	Anthony		
Name of person giving Information	Allen Waters			How related to deceased	Son in law.		

CAUSES OF DEATH

179

How long

PHYSICIAN  
OR CORONER

Primary

Immediate

Heart Failure

How long

5 minutes

Are the name, age, sex, color, date and place correctly given above?

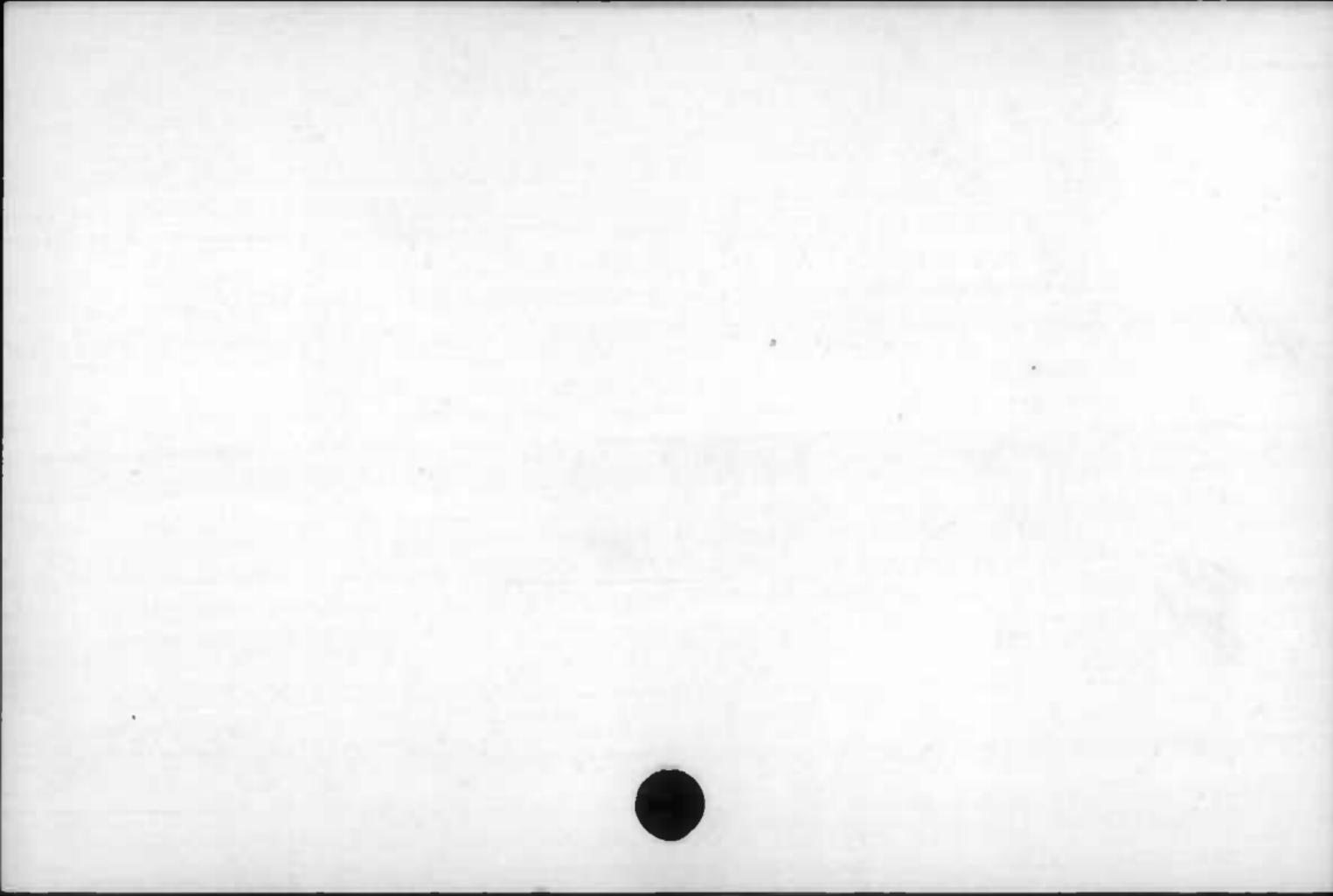
Yes

Signature of Physician

Address

James B. Wanitzek  
Easton Md

Accident or Suicide?



**Name  
in  
Full**

## CERTIFICATE OF DEATH

Daniel Burke  
at Town St. Michaels County Talbot

## MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
St. Michaels		Talbot					
Date of death	Month	Day	Year	Age	Years	Months	Days
1909	Dec	22	48				
Sex	Male		Color or Race	White		Birth-place	Talbot Co
Occupation	Laborer		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Wm A Burke			Father's Birthplace	Talbot Co		
Mother's Maiden Name	Mary Mitchell			Mother's Birthplace	Talbot Co		
Name of person giving information	How related to deceased						

## CAUSES OF DEATH

## Primary

# Acute Gastritis Cardiac Failure

### immediate

### Are the names

Are the name, age, aex, color, date and place correctly given above?

**Signature of  
Physician**

### Address

### Accident or Suicide

no



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

James Butler

CERTIFICATE OF DEATH

MARYLAND

Died at

Town  
Easton

County  
Talbot

Date  
of death

1909

Month  
Dec

Day  
31

Years  
about 75

Months  
—

Days  
—

Sex  
Male

Color or  
Race  
Colored

Birth-  
place  
not known

Occupation  
Laborer

Where Residing if not  
at place of death  
X

Married, Single  
or Widowed  
Single

Name of Wife or  
Husband  
X

Father's  
Name  
not known

Father's  
Birthplace  
not known

Mother's  
Maiden Name  
not known

Mother's  
Birthplace  
not known

Name of person giving  
Information  
E.R. Zippe

How related  
to deceased  
not related

CAUSES OF DEATH

Primary  
Dropsy

177

How long  
one year

Immediate  
Exhaustion

How long  
a few days

Are the name, age, sex, color, date  
and place correctly given above?

yes

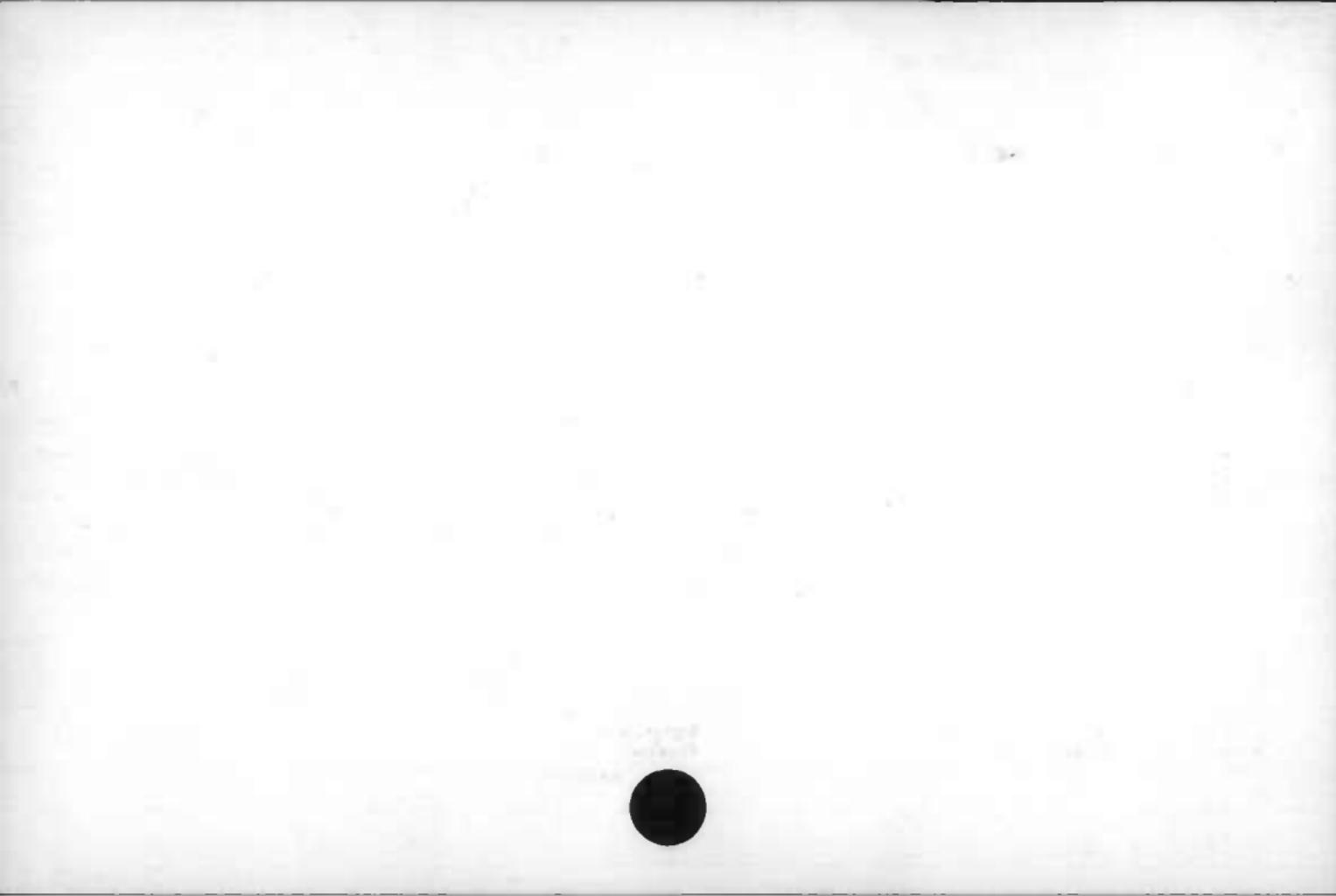
Signature of  
Physician

Address

E.R. Zippe  
Easton

Med

Accident or Suicide



Name  
in  
Full

Annie Maria Carr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1909	Month 12	Day 18	Age 13	Years 11	Months 11	Days 10
Sex	Female	Color or Race	african		Birth-place	Talbot Co Md.	
Occupation	Schoolchild		Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Julia Carr		Father's Birthplace		Talbot Co.		
Mother's Maiden Name	Mary N. Carter		Mother's Birthplace		Talbot Co.		
Name of person giving Information	John A Carr		How related to deceased		Father		

CAUSES OF DEATH

Primary

Tuberculosis

27

How long

over a year

Don't know

Immediata

Tubercular meningitis

How long

one week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

A. O'Neillson  
Easton Md

PHYSICIAN  
OR CORONER

Accident or Suicide

Umoniwell

Name  
in  
Full

Henry Harmon Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County		
Died at Oxford	Talbot		
Date of death 1909 12	Month	Day	Years
Age	Month Day		
Sex male	Color or Race	Black	
Occupation Infant	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name Henry Harmon Cooper	Father's Birthplace Talbot Co		
Mother's Maiden Name Hensetta Price	Mother's Birthplace Talbot Co		
Name of person giving Information Henry H. Cooper	How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

congestion of lungs

95

How long

14 days

Immediate

Spasms

How long  
12 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Dr. S. P. Roberts

Address

Oxford  
Md.

Accident or Suicide



TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name  
in  
Full

Isaac Denby

CERTIFICATE OF DEATH

Died at		Town	County	
Date of death		Month	Day	Years
Sex	Male	Color or Race	Age about 75 or 80 yrs	
Occupation	Invalid & Laborer		Birth-place	Talbot Co. Md.
Married, Single or Widow	Married	Name of Wife or Husband	Where residing if not at place of death	
Father's Name	James Denby		Father's Birthplace	Don't know
Mother's Maiden Name	Jane Brown		Mother's Birthplace	Md.
Name of person giving Information	Martha Jane Denby		How related to deceased	Wife

CAUSES OF DEATH

Primary

Acute Nephritis

119

How long

Don't know

Immediate

Uræmia

How long

Two days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Robley Hackett Md.  
Zleen Anne Md.

Accident or Suicide

No

Mr Algo Smith  
My subsequent uniform  
I enclose this card through  
you on behalf of the  
undelivered has not  
been to him another letter  
last of September

E. R. Fiffe

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary Helen Dickerson

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Manadeer		Talbot				
Date of death	1909 Dec	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Black	Age	78	
Occupation	Housework			Where Residing if not at place of death	Home	
Married, Single or Widowed	Widowed	Name of Wife or Husband	James Dickerson			
Father's Name	John Murry			Father's Birthplace	Talbot &	
Mother's Maiden Name	Mary Smith			Mother's Birthplace	Talbot &	
Name of person giving Information	James Bailey			How related to deceased	Son in law	

CAUSES OF DEATH

Primary *Mitral Regurgitation*

64

How long

Year +

Immediate *Appoplexy*

5 minutes

Are the name, age, sex, color, date and place correctly given above?

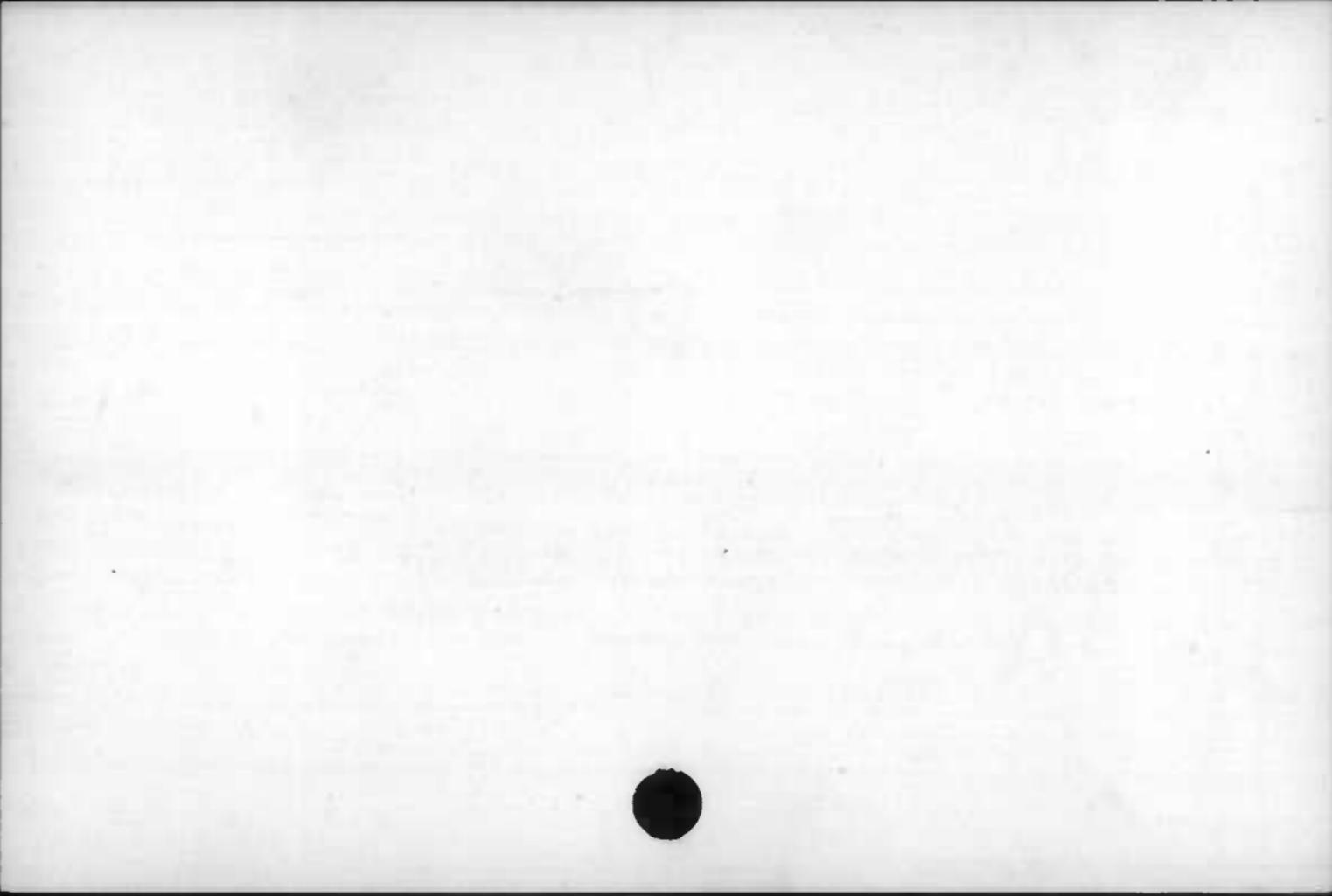
yes

Signature of Physician

Address

James D. Merritt M.D.  
Easton Md

Accident or Suicide?



Name  
in  
Full

Edward Hampton  
Town Easton  
County Talbot

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Easton  
Date of death 1909 12 Month 26 Day  
Age 68 Years 7 Months 3 Days

Sex Male Color or Race White  
Occupation War Veteran

Where Residing if not  
at place of death

Married, Single or Widowed Divorced Name of Wife or Husband

Father's Name J. J. Hampton

Mother's Maiden Name Ella Sweet

Name of person giving Information G. R. Collins

Jennie Hampton

Father's Birthplace Talbot 5

Mother's Birthplace Carroll 5

How related to deceased Cousin

Primary

Typhoid Fever  
Heart Failure

CAUSES OF DEATH

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

MD

Accident or Suicide

Ass. Hospital  
Euston Rd



Name  
in  
Full

Ralph Gibson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town		County		MARYLAND	
Diad at	Cordova	Talbot			
Date of death	Month 1909	Day Dec 9	Years 7	Month X	Days 2
Sex	Male	Color or Race	Black	Birth-place	Cordova
Occupation	X	Where Residing if not at place of death			X
Married, Single or Widowed	Single	Name of Wife or Husband		X	
Fethar'a Name	John Dawson		Fethar'a Birthplace		Talbot Co
Mother'a Meiden Name	Hester Gibson		Mother'a Birthplace		" "
Name of person giving Information	Hester Gibson		How related to deceased		Mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

X

Immediate

Premature Delivery

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

151

How long

X

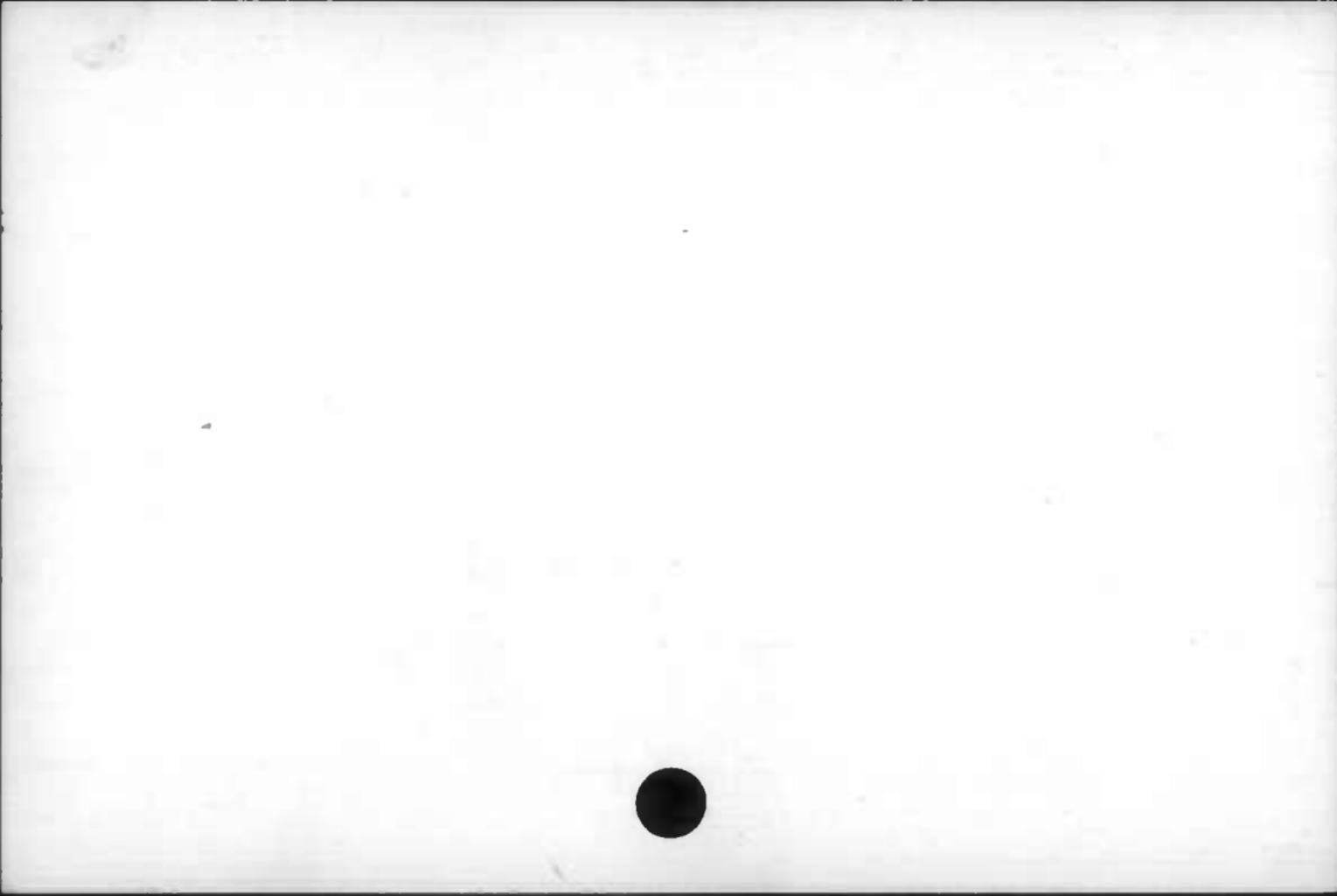
How long

2 days

Chas. H. Ross

Cordova, Md.

Accident or Suicide



Name  
in  
Full

Sara Lucretia Grace  
Bozman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Town

County

Bozman

Falbox

Date  
of death

190

Month

Dec

Day

26

Years

72

Months

11

Days

15

Sex

Female

Color or  
Race

White

Birth-  
place

Falbox Co.

Occupation

House wife

Where residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Wm A Grace

Father's  
Name

John Fairbank

Father's  
Birthplace

Falbox Co

Mother's  
Maiden Name

Nancy

Mother's  
Birthplace

Falbox Co

Name of person giving  
Information

Arthur Grace

How related  
to deceased

Son

CAUSES OF DEATH

Primary

Aortic Stenosis & Mitral regurgitate

79

How long

One year

Immediate

Cardiac failure

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

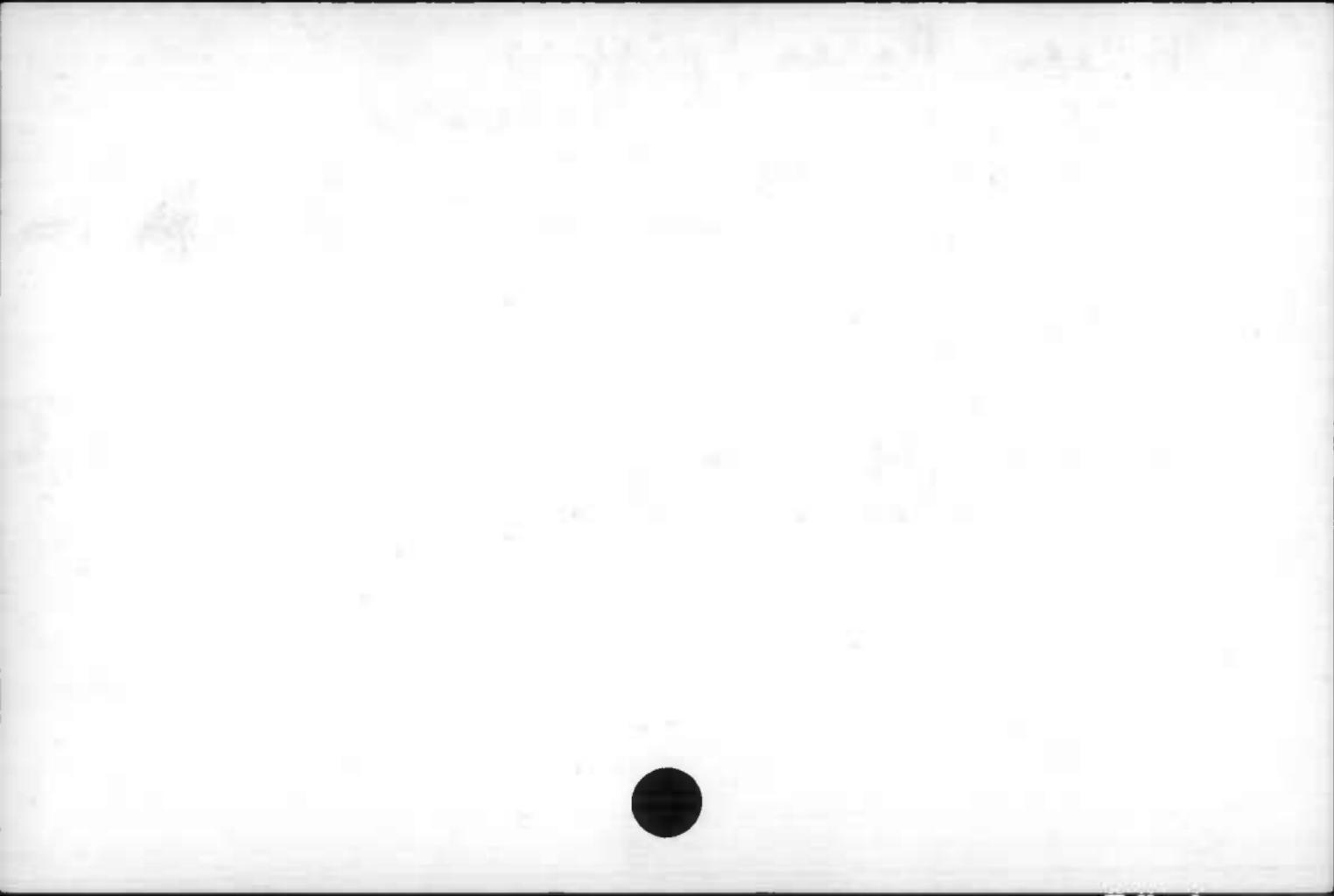
Address

Christopher  
St Michaels  
Md

Accident or Suicide

No

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Merton Reels Griffis

County

MARYLAND

Town

Died at Chapel

Talbot

Days

Date of death 1909 12

Month

Day

Years

Age

3

Months

5

6

Sex Male

Color or  
Race

Colored

Birth-  
place

Phila. Pa.

Occupation

House Child.

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Wm H. Griffis

Father's  
Birthplace

Cambridge.

Mother's  
Maiden Name

Mary H. Emory

Mother's  
Birthplace

Talbot Co.

Name of person giving  
Information

Wm H. Griffis

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Acute Nephritis

119

How long

8 mos.

Immediate

Convulsions

2 days

Are the name, age, sex, color, date  
and place correctly given above?

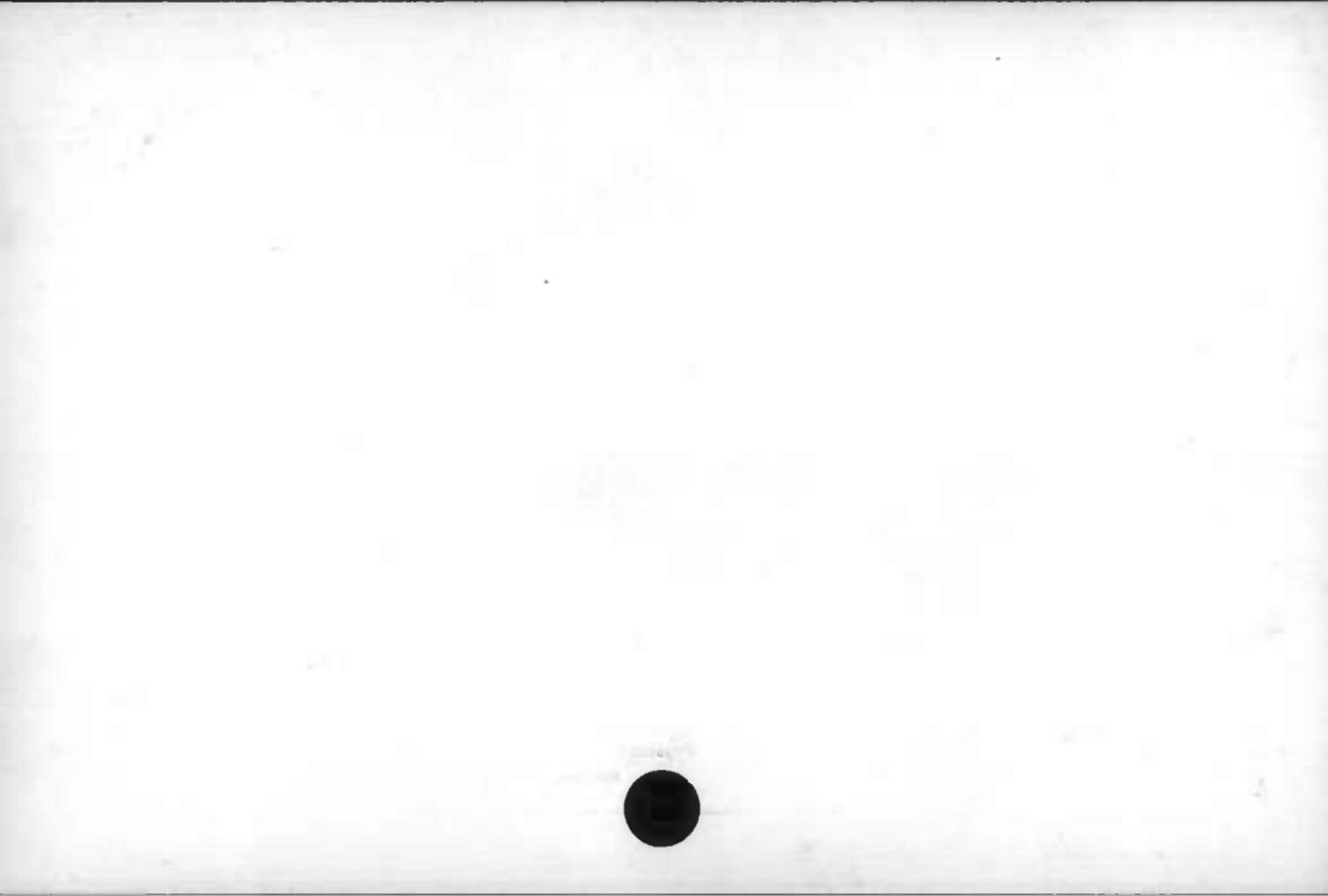
Yes

Signature of  
Physician

Address

Chas. J. Danoson  
Eastron, Md.

Accident or Suicide



Name  
in  
Full

George E Haultand

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Earlton	County	MARYLAND	
Date of death	Month	Dec	Age	67	Days
Sex	Female	Color or Race	white	Birth-place	Baltimore
Occupation	Housewife		Where Residing if not at place of death	Thomas Haultand	
Married, Single or Widowed	Married	Name of Wife or Husband	Thomas Haultand	Father's Birthplace	Baltimore
Father's Name	Miller Flores		Thomas Haultand	Mother's Birthplace	Baltimore
Mother's Maiden Name	Mary M Rumale		Thomas Haultand	How related to deceased	Heartland
Name of person giving information	Thomas Haultand		44	How long	5 years

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

burst of face

Immediate

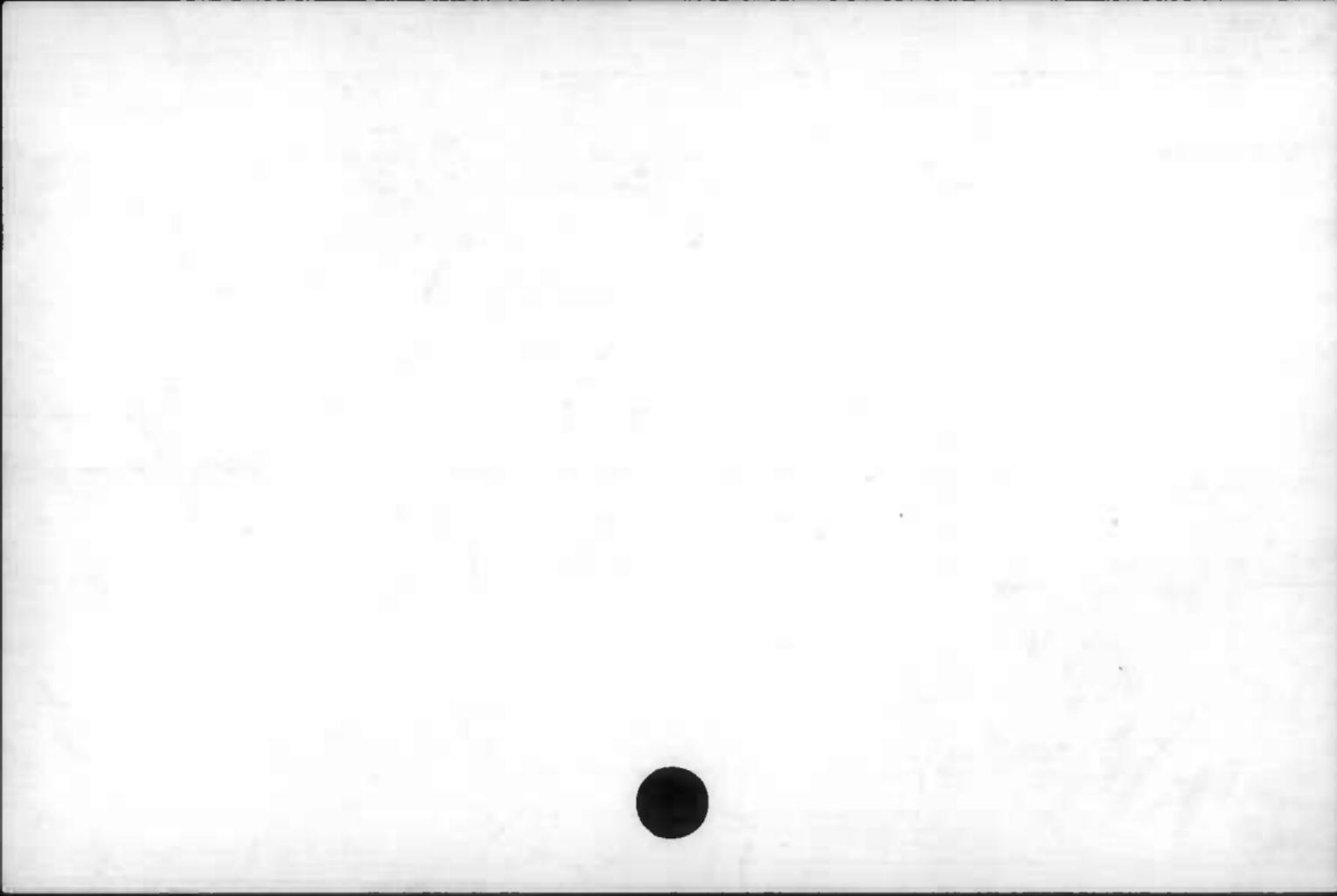
Paralysis

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name  
in  
Full

Margarette Hyson.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Pittman Town Pittman County Talbot MARYLAND  
Date of death 1909 Month 12 Day 22 Age 17 Months 17 Days  
Sex Female Color or Race Black Birth-place Pittman.  
Occupation   Where Residing if not at place of death  
Married, Single or Widowed Single Name of Wife or Husband    
Father's Name Raymond Hyson Father's Birthplace Talbot Co.  
Mother's Maiden Name Berulah Baily Mother's Birthplace Talbot Co.  
Name of person giving information Raymond Hyson How related to deceased Father

Primary

**Intestinal Indigestion**

105

How long

2 days

Immediate

**Spasms.**

How long

6 hrs.

Are the name, age, sex, color, date and place correctly given above?

Yes

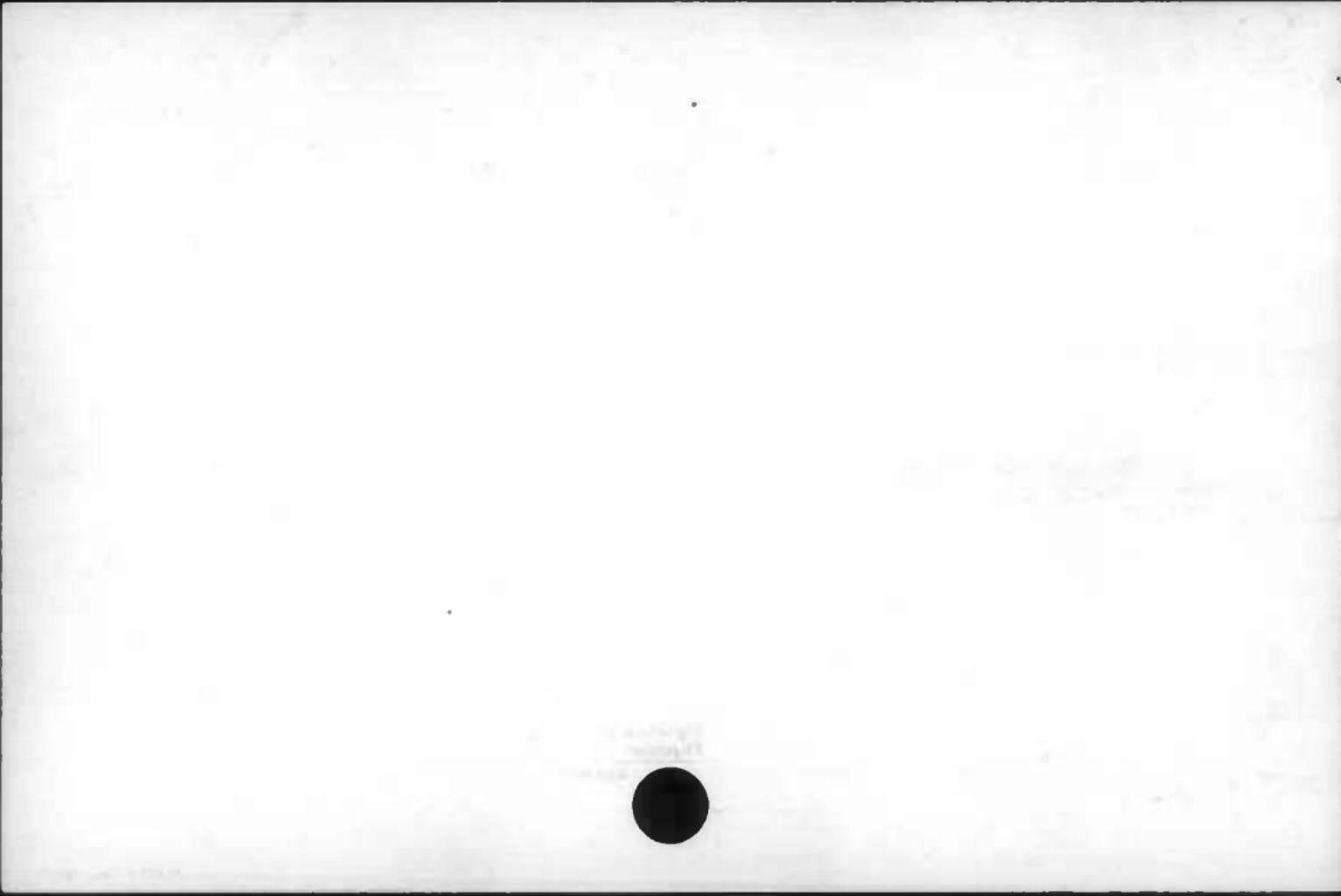
Signature of  
Physician

Address

**H. M. Carmine M.D.**  
**McDaniel. M.D.**  
**Talbot Co.**

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

not Named - Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at near Town Easton County Talbot

Date of death 1909 Month Dec Day 15 Age 0 Years

Months 0 1/2 hr.

Sex Male Color or Race Colored

Birth-place near Easton Md

Occupation infant Where Residing if not at place of death

Married, Single or Widowed single Name of Wife or Husband

Father's Birthplace Talbot Co. Md

Father's Name Chas. Jackson

Mother's Birthplace Talbot Co. Md.

Mother's Maiden Name Daisey Tilghman

How related to deceased Uncle

Name of person giving Information James E. Tilghman Jr.

CAUSES OF DEATH

Primary Premature Birth

151

Immediate Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

How long

Signature of Physician

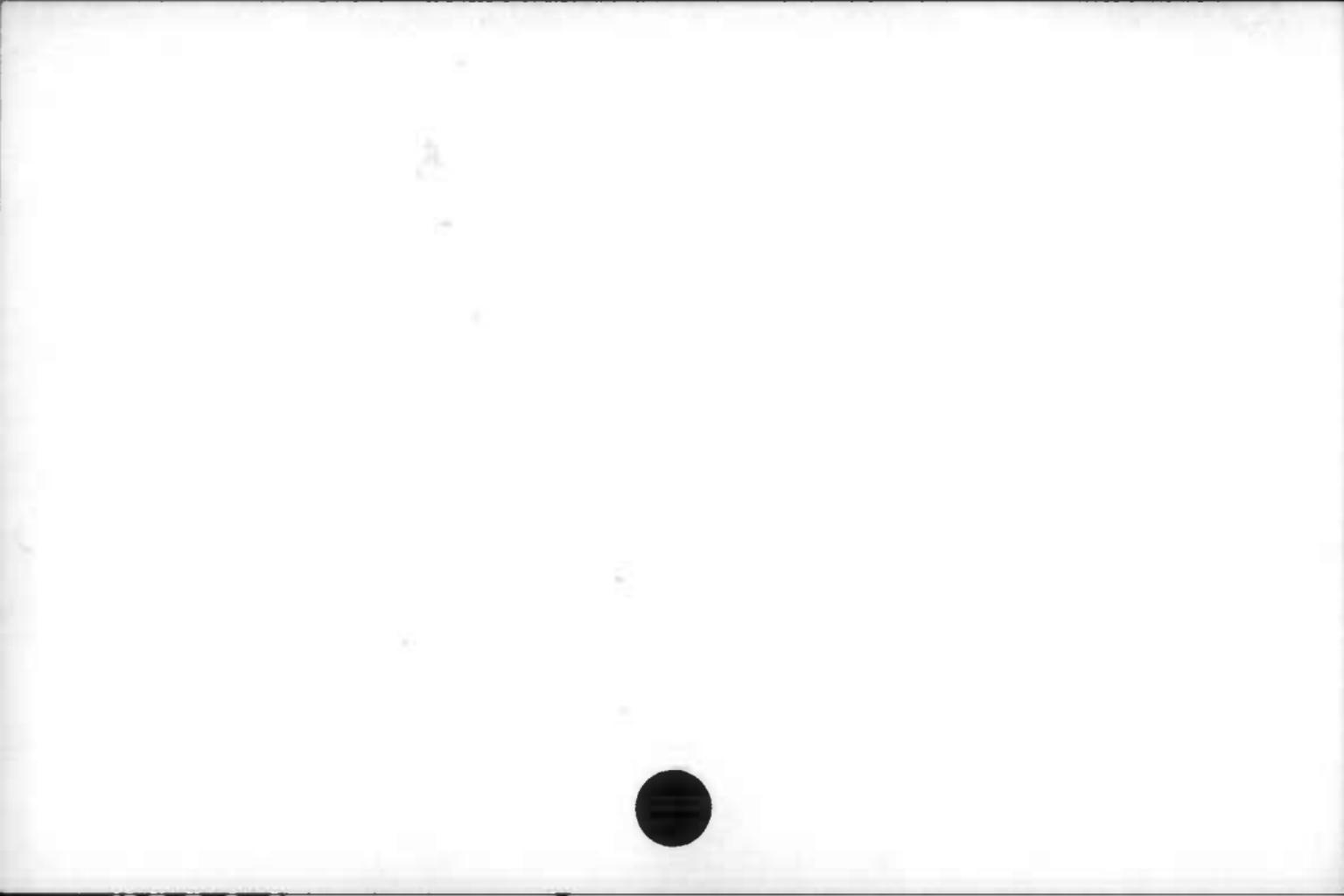
1/2 hr.

Address

Chas. F. Davidson  
Easton, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Susan Jackson

CERTIFICATE OF DEATH

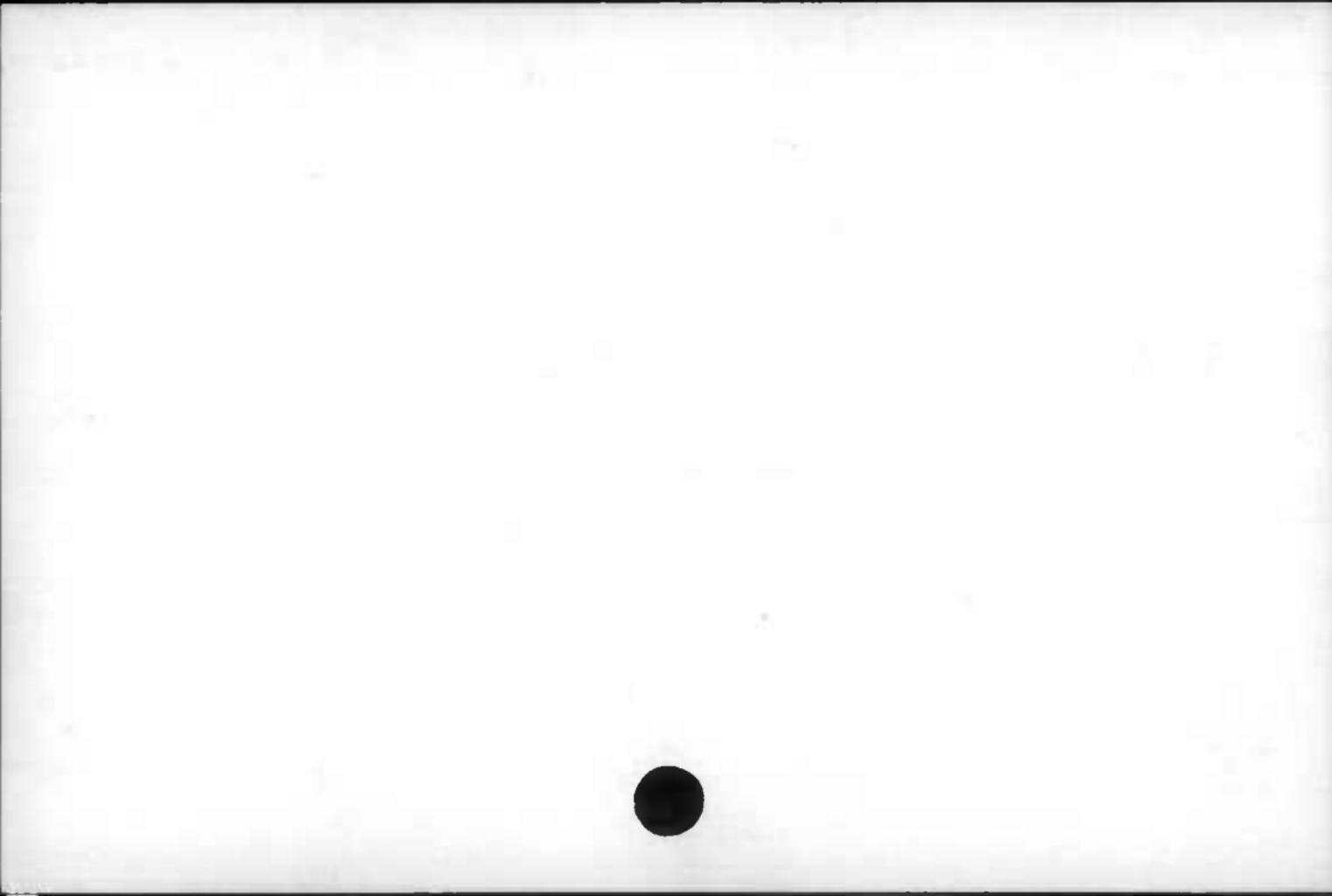
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town Tapple	County Talbot	MARYLAND		
Date of death	Month Dec, 1909	Day 13	Age 71	Months	Days
Sex	Female	Color or Race colored	Birthplace Talbot Co.,		
Occupation	Inmate County Hospital				
Married, Single or Widowed	Single	Name of Wife or Husband	Where Residing if not place of death		
Father's Name	unknown				
Mother's Maiden Name	unknown				
Name of person giving Information	John De Guechy				

CAUSES OF DEATH

Primary	Dementia, - Epileptic		How long many years
Immediate	Exhaustion with Convulsions		How long several days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. S. Seeger	Address Tapple, Md.
Accident or Suicide no			

PHYSICIAN  
OR CORONER



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John Henry Johnson

CERTIFICATE OF DEATH

MARYLAND

Died

Town  
Griffpe

County  
Balbot

Date

of death

Month

12

Day

22

Years

80

Months

—

Days

—

Sex

Male

Color or  
Race

White

Birth-  
place

Caroline Co Md

Occupation

Super Laborer

Where Residing if not  
at place of death

Lewiston, Md

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Reynolds Johnson

Father's  
Birthplace

Caroline Co Md

Mother's  
Maiden Name

Mary C. Carroll

Mother's  
Birthplace

" " "

Name of person giving  
Information

Geo H. Johnson

How related  
to deceased

Brother

CAUSES OF DEATH

Primary

Arterio-Sclerosis & Chronic Bronchitis 6 years

91

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

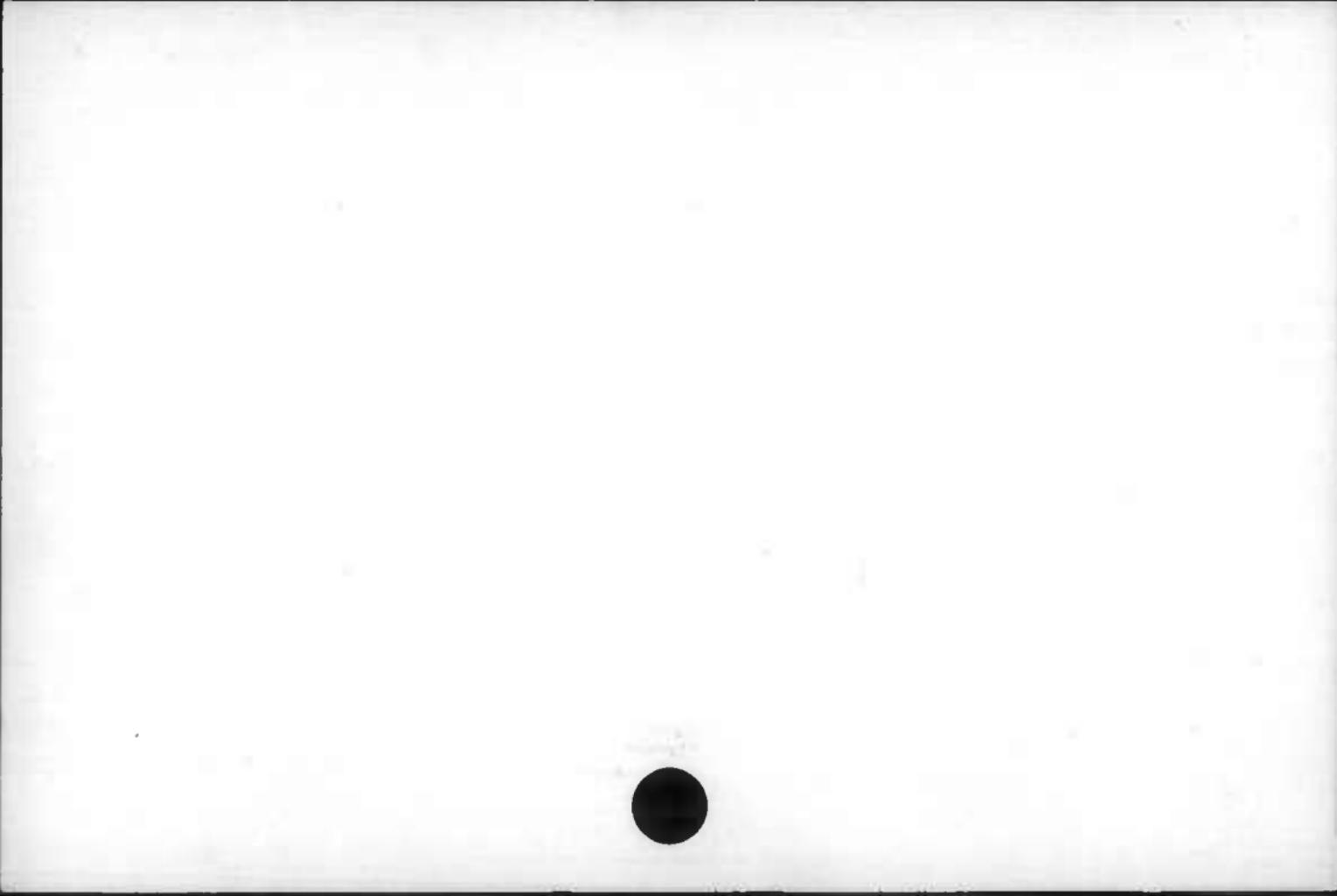
Yes

Signature of  
Physician

Address

Joseph A. Ross MD  
Griffpe, Md

Accident or Suicide



Name  
in  
Full

Rob H. Damp

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Easton		Salisbury		Daya	
Date of death	Month	Day	Years	Months	Days
1909	Dec	10	88	4	14
Sex	Male	Color or Race	white	Birth-place	Luz Anna
Occupation	Farmer	Where Residing if not at place of death			
Married, Single or Widowed	Widower	Name of Wife or Husband	X		
Father's Name	do not know				
Mother's Maiden Name	do not know				
Name of person giving Information	Adelaide J. Damp				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Infirmities of 88 yrs

Immediate Heart Failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Accident or Suicide

154

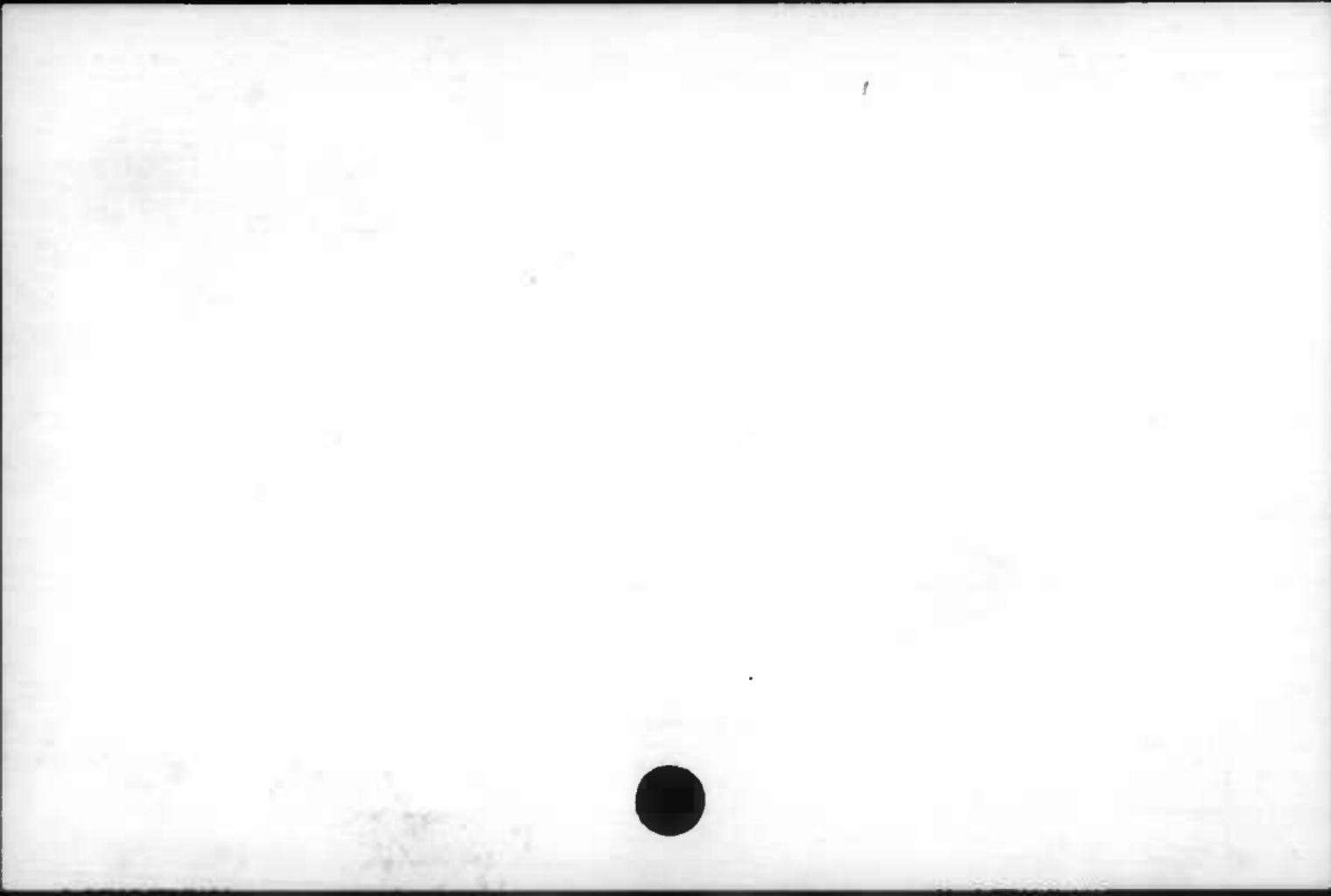
How long

8 to 10 yrs

How long

few minutes

Chas. H. Dandaw,  
Easton, Md.



Name  
in  
Full

Julia Lockerman

CERTIFICATE OF DEATH

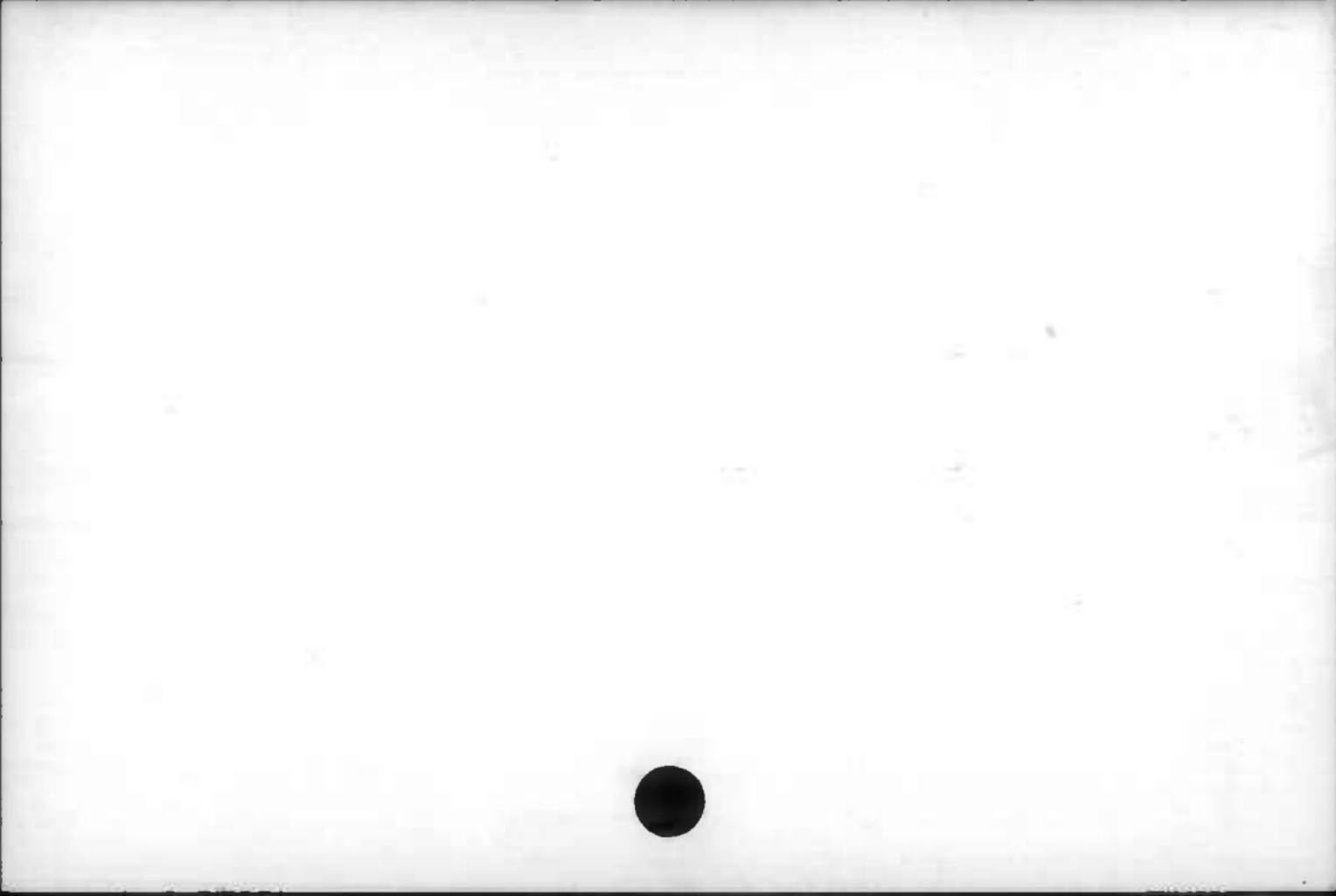
TO BE ANSWERED BY  
NEAREST FRIEND

Town		County		MARYLAND	
Dead at	Easton	Talbot			
Date of death	1909	Month	Dec	Day	16 <sup>th</sup>
Age	56	Years		Months	
Sex	Female	Color or Race	Black	Birth-place	Talbot County
Occupation	Houswife	Where Residing if not at place of death			Easton 111 1/2
Married, Single or Widowed	Married	Name of Wife or Husband	Thomas Lockerman		
Father's Name	Frank Adams	Father's Birthplace	U. S.		
Mother's Maiden Name	Harriett Wilson	Mother's Birthplace	Talbot Co		
Name of person giving Information	Tho. Lockerman	How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cerebral Hemorrhage		How long	2 mos
Immediate	Secondary Cerebral Hemorrhage		How long	24 hrs
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Chas. T. Dandurand	
		Address	Easton Md	
Accident or Suicide				



Name  
in  
Full

Susan McGurk

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1909		Dec.	12	79	✓	✓
Sex	Female	Color or Race	white	Birth-place		
Occupation	Housewife	Where Residing if not at place of death				
Married, Single or Widowed	married	Name of Wife or Husband	Robert McGurk			
Father's Name	Solomon Slaughter					Father's Birthplace
Mother's Maiden Name	Unknown					Mother's Birthplace
Name of person giving Information	Clarence B. Rice					How related to deceased

CAUSES OF DEATH

Primary

Chronic Interstitial Nephritis

Immediate

Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

William S. Seymour  
Trappe, Md.

Accident or Suicide

no

120

Hourly

Several years

How long



Name  
in  
Full

Effa W. Clayton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Newtown</u>		County <u>Talbot</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>12</u>	Day <u>3</u>	Age <u>25</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Ad</u>		Days	
Occupation <u>Housework</u>	Where Residing if not at place of death <u>Newtown</u>				
<del>Married</del> <del>Widowed</del>	Name of Wife or Husband <u>Evans W. Clayton</u>	Father's Birthplace <u>Ad</u>			
Father's Name <u>Benj. Clayton</u>	Mother's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	How related to deceased <u>Brother in law</u>				
Name of person giving information <u>John Johnson</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typhoid Fever

1  
How long

3 weeks

Immediate

Heart Failure

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

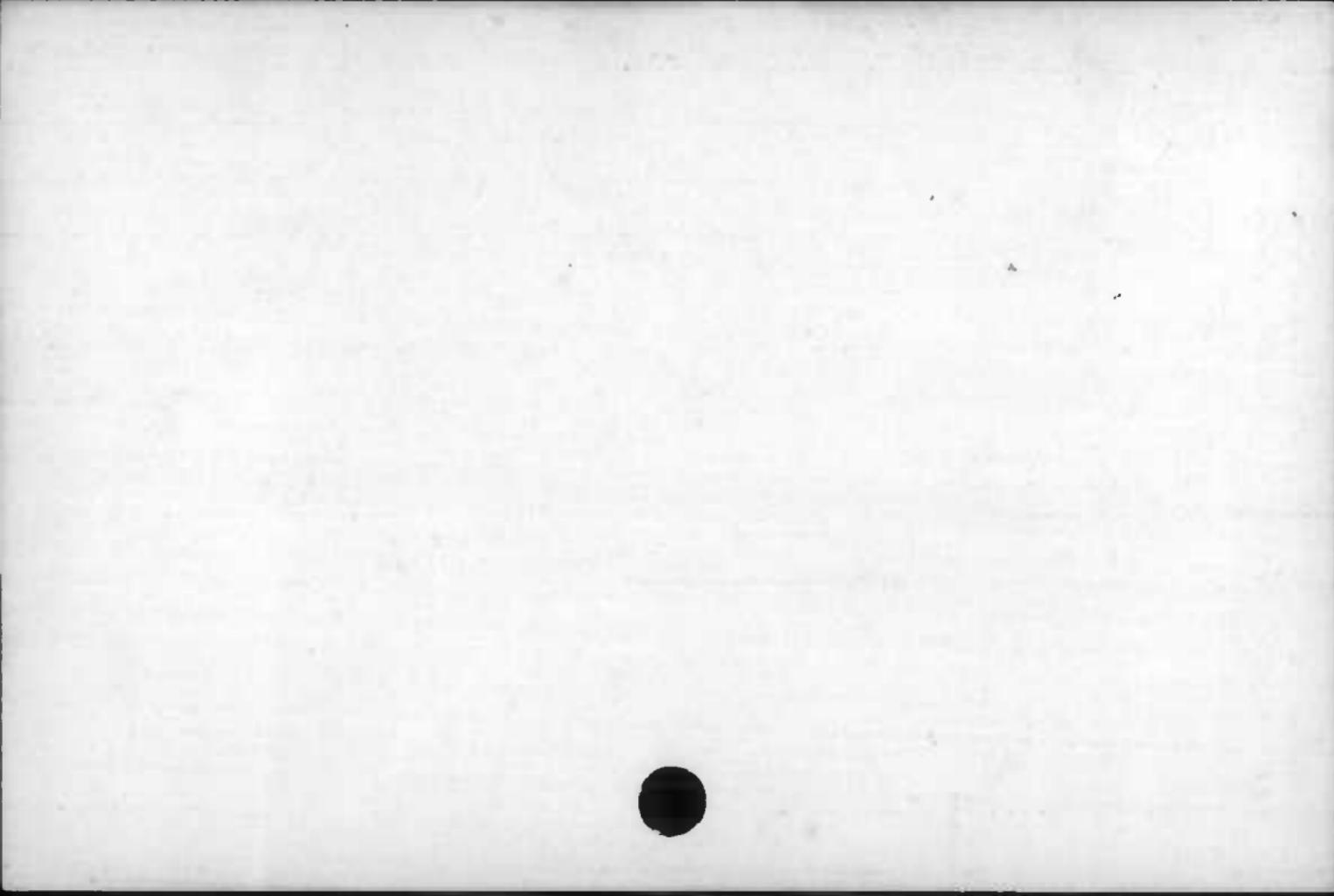
yes

Signature of  
Physician

Address

J.W. Staats M.D.  
Wye Mills Md

Accident or Suicide?



Name  
in  
Full

George N. Moore

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Month
1909	Dec	22	1
Sex	Male	Age	Days
Occupation	Infant	Color or Race	20
Married, Single or Widowed	Where Residing if not at place of death		
Father's Name	John E. Moore		
Mother's Maiden Name	Kate G. Fairbanks		
Name of person giving Information	John E. Moore		

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Acute Nephritis

Immediate

Coma

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

W. S. Seymour

Address

Troopke, Md.

Accident or Suicide

No,

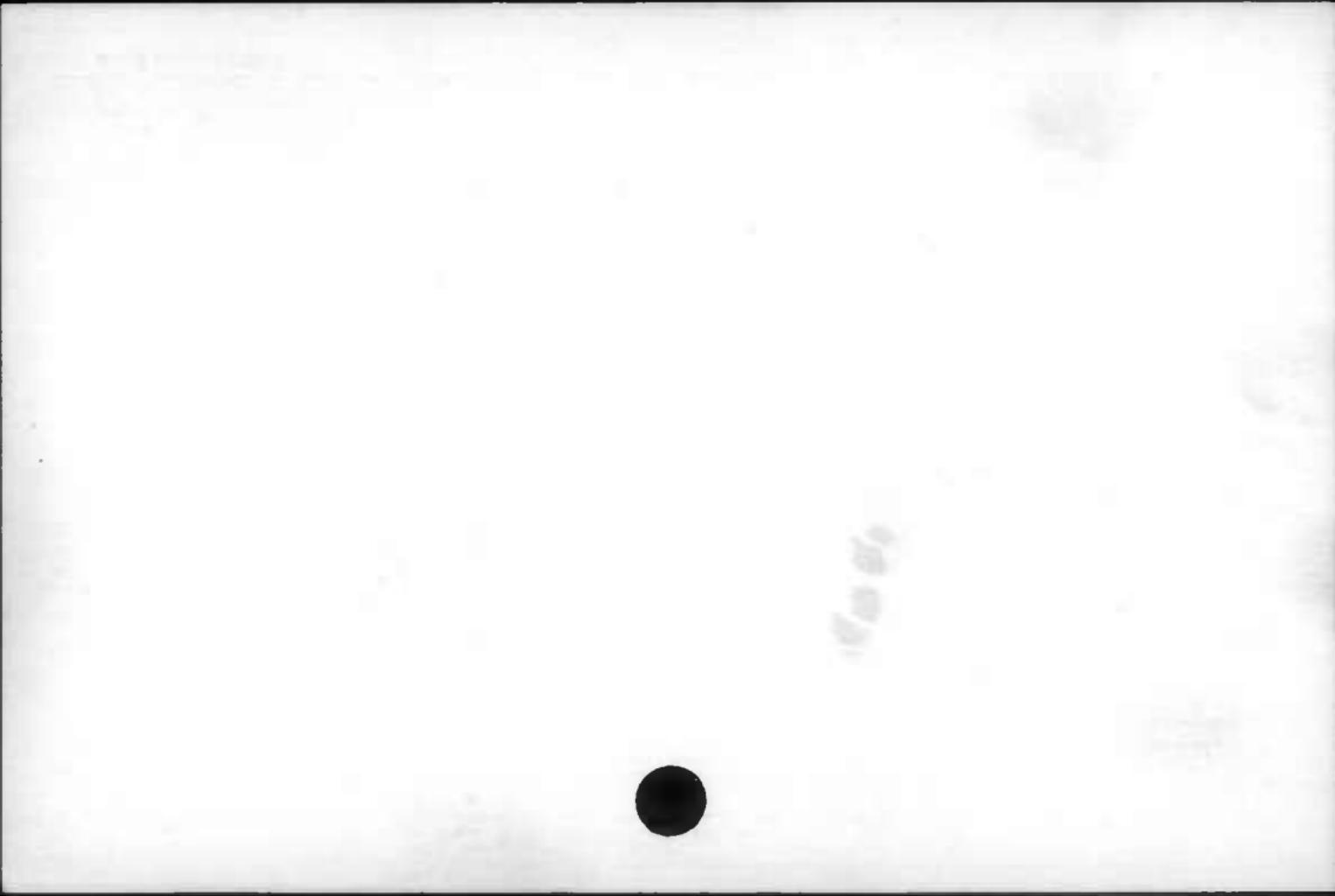
119

How long

2 days

How long

Several hours



Name  
in  
Full

Elvira M. Mulliken

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1909	Month Dec	Day 19	Age 45	Years	Months
Sex	Female		Color or Race	White	Birth-place	Q. A. Co., Md.
Occupation	Housewife		Where Residing if not at place of death		+	
Married, Single or Widowed	Married		Name of Wife or Husband	Walter L. Mulliken		
Father's Name	E. J. Morrissey		Name of person giving information		Father's Birthplace	Q. A. Co.
Mother's Maiden Name	Lizzie Lester		W. J. Mulliken		Mother's Birthplace	Q. A. Co.
Name of person giving information			How related to deceased		Husband	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cancer (Melano Sarcoma) of Liver

40

How long

6 mos

Immediate

Ectheming

How long

1 week

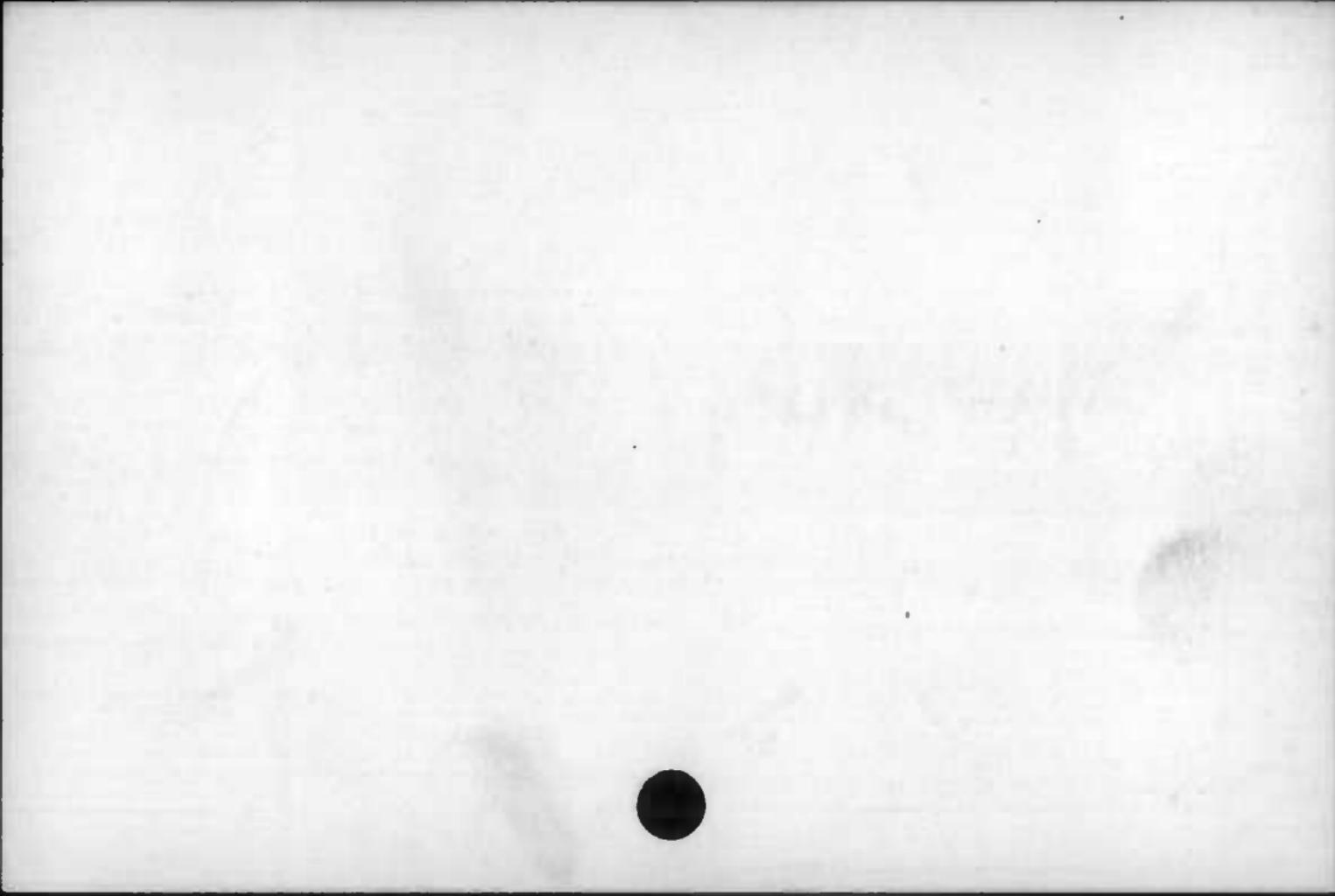
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Morris  
Ectheming Md

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Mary Pennington				
Father's Name	Perry Pennington		Father's Birthplace		Talbot Co.	
Mother's Maiden Name	Dollie Pennington		Mother's Birthplace		Talbot Co.	
Name of person giving Information	Dorothy Poller		How related to deceased		Daughter	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

93

How long

3 days

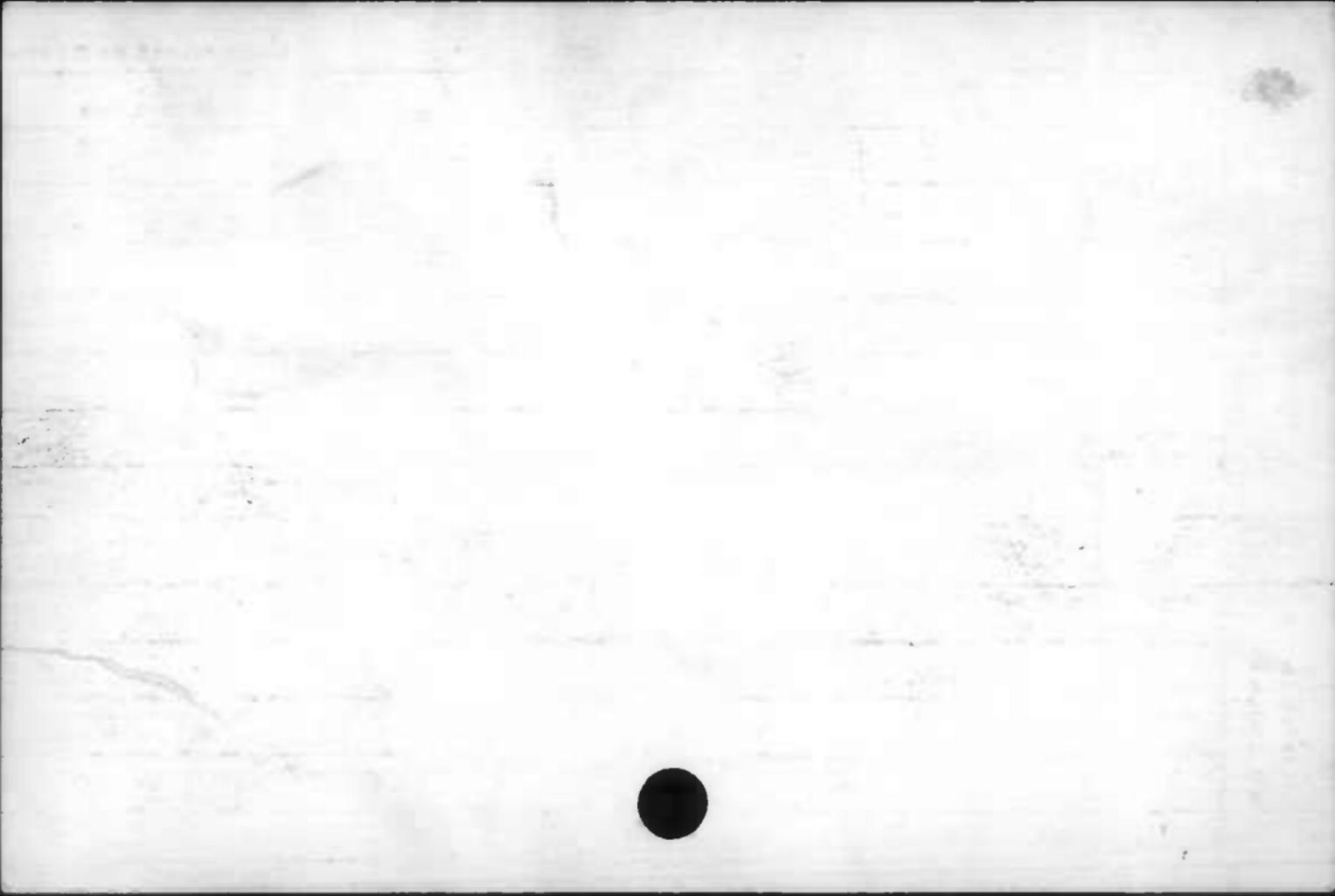
How long

four hrs

Chas. T. Anderson

Edenton, NC

Accident or Suicide



Name  
in  
Full

Charles, E. Perry

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Diad at St Michael's County MARYLAND  
Date of death 1909 Month 9 Day 21 Age 10 Months 4 Days 20  
Sex Male Color or Race Colored Birth-place Talbot Co.,  
Occupation Clerk Where Residing if not Same  
Married, Single Single Name of Wife or Husband  
Father's Name Charles. Perry, Father's Birthplace Talbot Co.,  
Mother's Maiden Name Hennie Miller Mother's Birthplace Talbot Co.,  
Name of person giving information Hennie Miller How related to deceased Mother  
61

CAUSES OF DEATH

Primary

Meningitis

3 miles

Immediate

Heart Failure

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

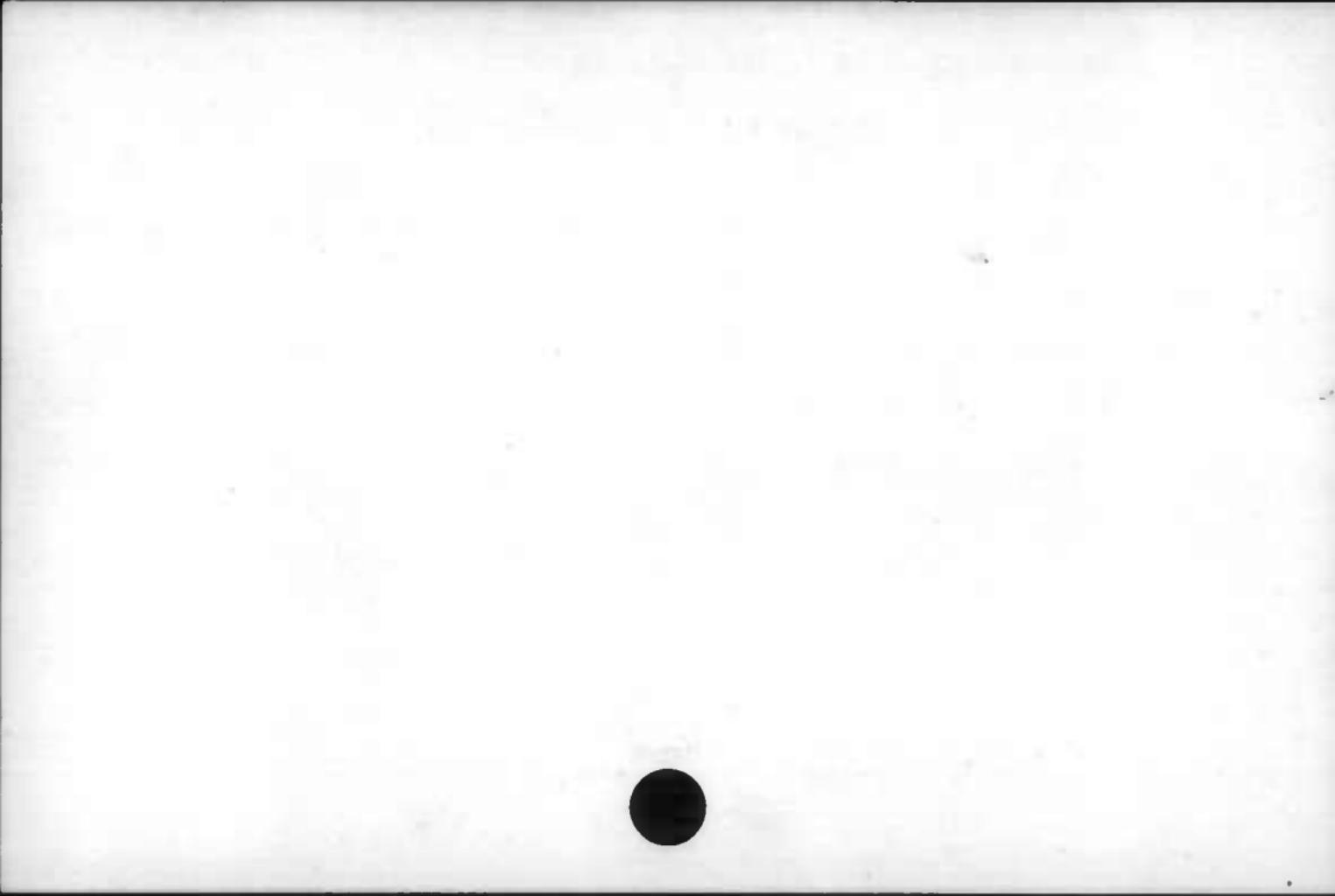
Dr. J. B. Selt

St Michael's,

Md.

Accident or Suicide

Yes  
No



Name  
in  
Full

Lawrence Piper

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at near Cordova Town Talbot County  
Date of death 1909 Month 12 Day 11 Years — Months 15 Days 6

Sex Male Color or Race white

Occupation

House child

Where Residing if not  
at place of death

Birth-place Cordova

Married, Single or Widowed Single Name of Wife or Husband

Father's Name David Piper

Father's Birthplace Scotland

Mother's Maiden Name Henretta Jones

Mother's Birthplace Talbot

Name of person giving Information David Piper

How related to deceased Father

CAUSES OF DEATH

Primary

Tetanus

119

How long

3 weeks

Immediate

Acute nephritis

How long one week

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

P. L. Moore  
Postman  
Postman, Md.

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Slice Purnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Samuel Purnell			
Father's Name	John Ackerson				
Mother's Maiden Name	Anna Lee				
Name of person giving Information	Same Purnell				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cancer. Left breast

43

How long

Years.

Immediate

Anesthesia

How long

one week

Are the name, age, sex, color, date and place correctly given above?

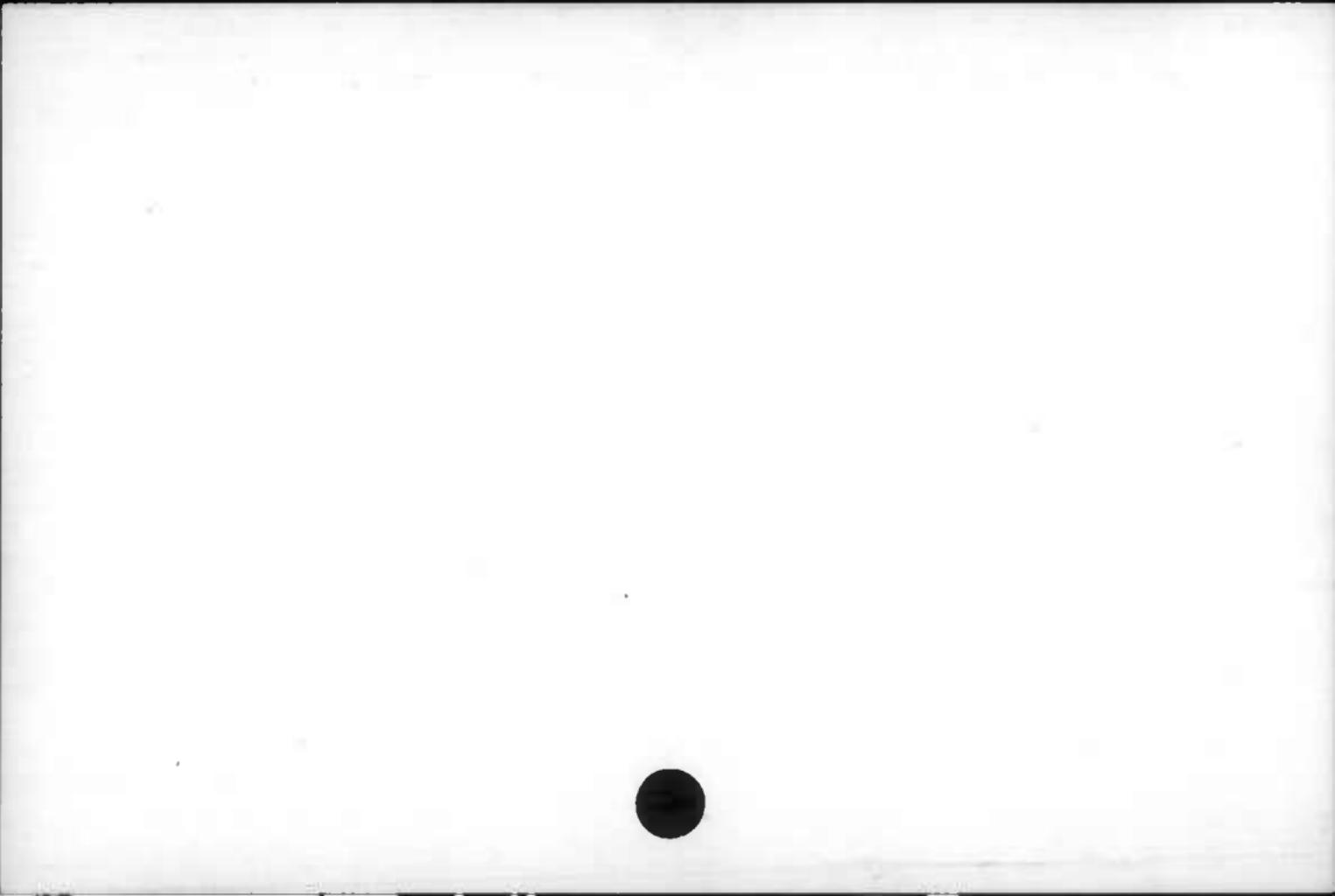
Signature of Physician

yes.

Address

P. L. Purnell  
Boston, Mass.

Accident or Suicide



Mand M. Pyne

## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1909	Sept	2	23	3	9		
Sex	Female	Color or Race	White	Birth-place	Baltimore		
Occupation	Home work			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		Robert Melvin Pyne				
Father's Name	Lhas. Edward Dobson			Father's Birthplace	St Michaels		
Mother's Maiden Name	Annie Elliott			Mother's Birthplace	Dorchester Co Md		
Name of person giving information	Anna. V. Smith			How related to deceased	Sister		

## CAUSES OF DEATH

120

How long

6 months

Primary

Hypertension

Immediate

Hypertension Convulsions

How long

10 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

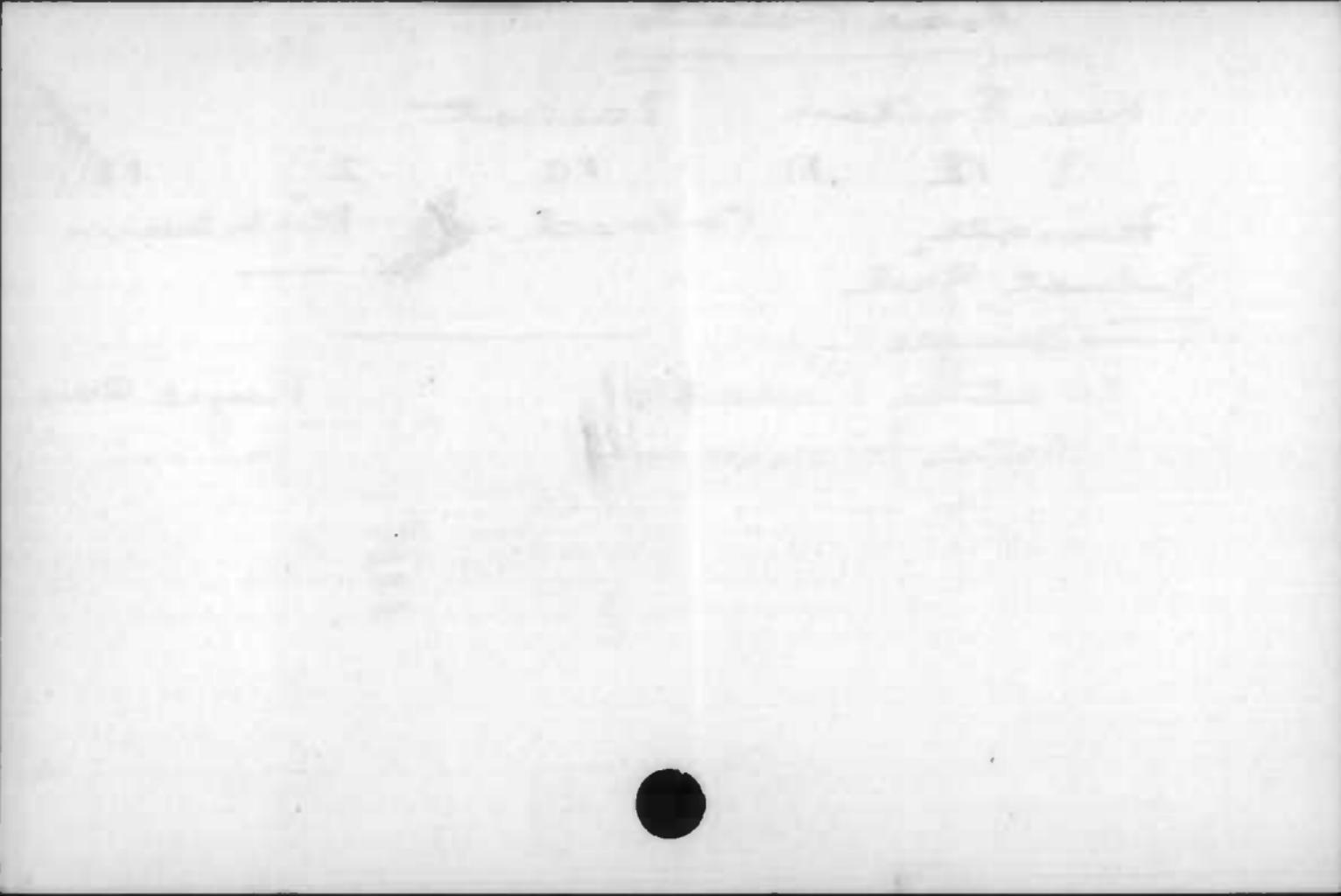
Signature of Physician

F. M. Eccles

Address

Baltimore, Md.

Accident or Suicide?



Name  
in  
Full

Lucy Roberts  
John J. Graceman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Marlboro County Talbot MARYLAND  
Died at Marlboro Month 12 Year 10 Months 2 Days 11  
Date of death 1909 Month 12 Day 11 Age 10 Months 2 Days 11  
Sex Female Color or Race Colored Birth-place Kirkham  
Occupation School girl Where Residing if not at place of death \_\_\_\_\_  
Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_  
Father's Name Walter Roberts Father's Birthplace Royal Oak.  
Mother's Maiden Name Kate Howard Mother's Birthplace Talbot Co.  
Name of person giving Information Walter Roberts How related to deceased Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia  
St. Austin

Immediate

95

Signature of Physician

Address

Are the name, age, sex, color, date and place correctly given above?

93

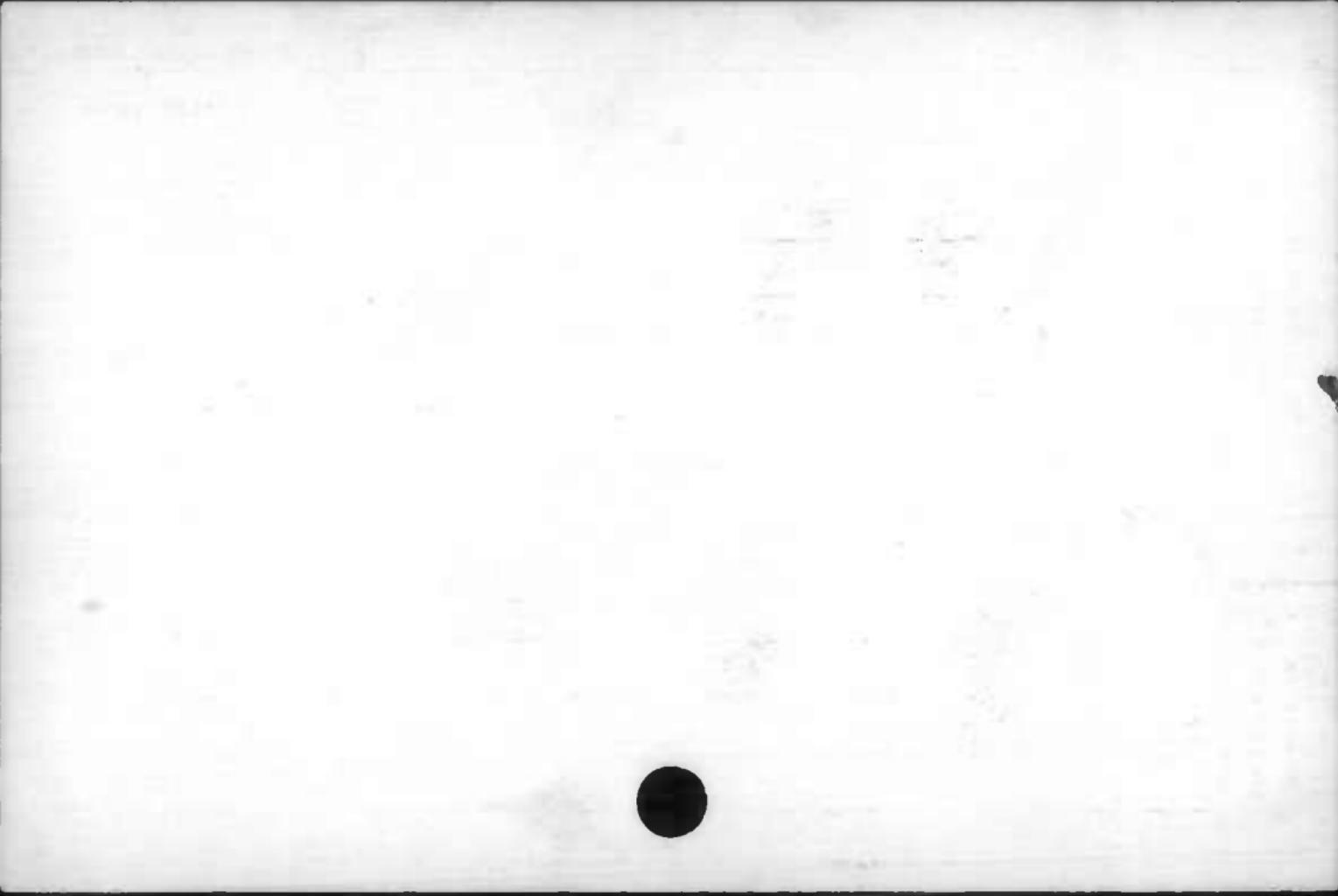
How long

10 days

24 hrs

Chas. F. Dandur  
Marlboro, Md

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Jacob Ryan

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND					
Died at	Tillyman		Salisbury							
Date of death	1909	Month	Dec	Day	23	Years	55	Months	about	Days
Sax	Male	Color or Race	White	Birth-place	Unknown					
Occupation	Cotter or drayor		Where Residing if not at place of death	Unknown						
Married, Single or Widowed	Unknown	Name of Wife or Husband	Unknown	Unknown						
Father's Name	Unknown		Father's Birthplace	Unknown						
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown						
Name of person giving Information	Inquest held		How related to deceased	- ✓						

CAUSES OF DEATH

Primary

Intoxication or exposure

56

How long

12 hours

Immediate

Heart Failure -

How long

Are the name, age, sex, color, date and place correctly given above?

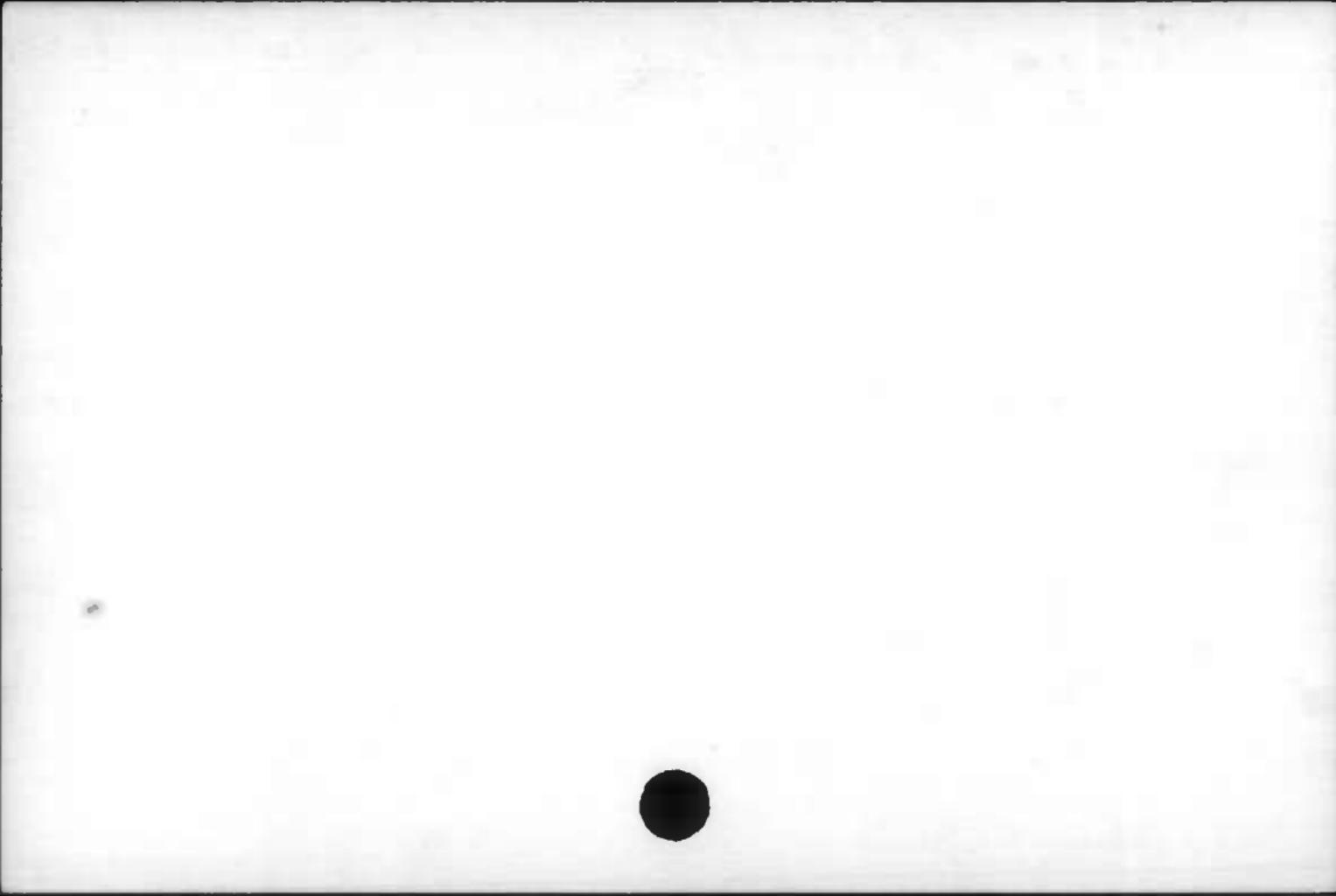
yes

Signature of Physician

Address

J. Krueger M.D.  
Tillyman  
Ind

Accident or Suicide



Name  
in  
Full

Rosa Shockley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Easton		Salisbury			
Date of death	Month	Day	Years	Months	Days
1909	Dec.	24	Age 48	-	-
Sex	Color or Race	Birth-place			
Females	colored	Delaware			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Purnel Shockley			
Married					
Father's Name	Father's Birthplace				
Lewis Bellins	Delaware				
Mother's Maiden Name	Mother's Birthplace				
Rosa Levere	Delaware				
Name of person giving information	How related to deceased				
Purnel Shockley	Husband				

CAUSES OF DEATH

95

PHYSICIAN  
OR CORONER

Primary

Asthma

How long

Three years

Immediate

Pulmonary apoplexy

How long

Two hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

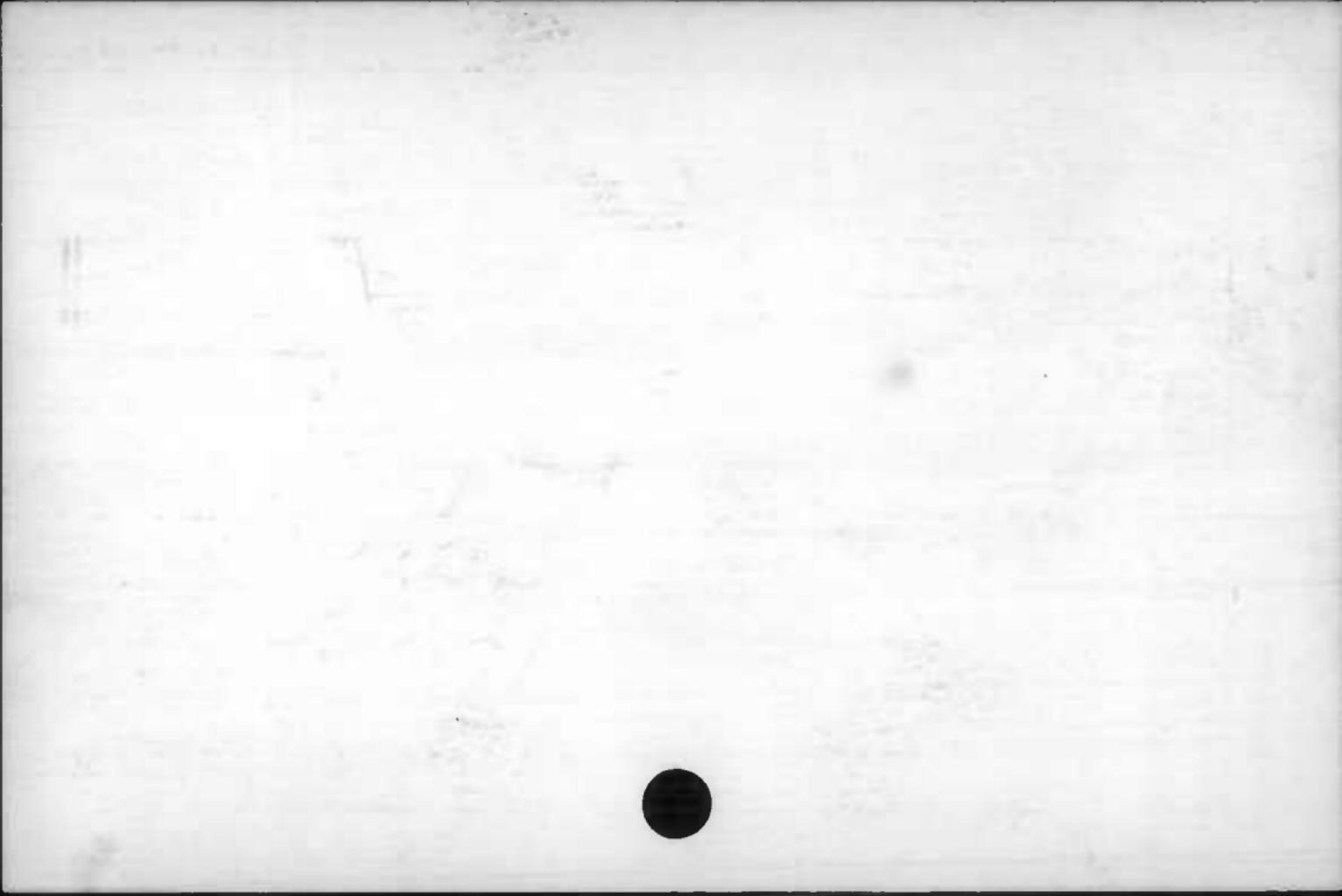


J. A. Stevens  
Easton

Md.

Accident or Suicide

no



Name  
in  
Full

Sarah Ellen Simms

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town		County		MARYLAND	
Died at	Hittman	Talbot			
Date of death	1909 Dec 11	Age	66	Month	2
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Housewife			Where Residing if not at place of death	
Married, Single	Married	Name of Husband	John B. Simms	Father's Birthplace	Maryland
Father's Name	John Harrison			Mother's Birthplace	Maryland
Mother's Maiden Name	Ellen J	Harrison		How related to deceased	Husband
Name of person giving information	John B. Simms				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

27

How long

How long

About 2 yrs

Immediate

Exhaustion

48 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of  
Physician

Address

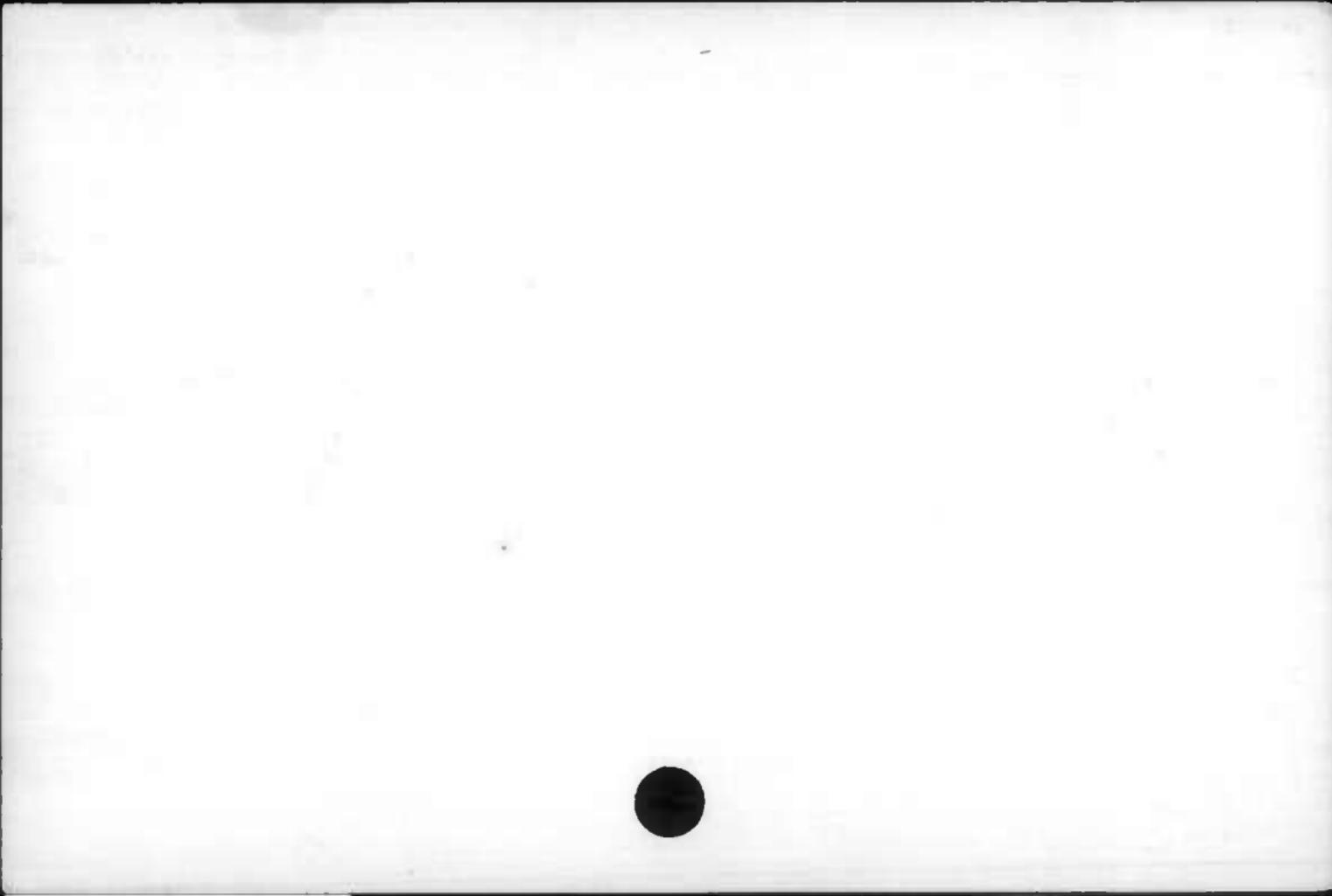
W.M. Carrigan M.D.

McDaniel M.D.

Talbot Co.

J

Accident or Suicide



Name  
in  
Full

Baby Spencer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	St Michael	Town	Falbot	County	MARYLAND	
Date of death	1909	Month	Dre	Day	12 <sup>th</sup>	Years
Age				Months	1	
Sex	Male	Color or Race	Black	Birth-place	Falbot Co.	
Occupation	Infant	Where Residing if not at place of death				
Married, Single or Widowad	Single	Name of Wife or Husband				
Father's Name	Richard Mitchell			Father's Birthplace	Falbot Co.	
Mother's Maiden Name	Matilda May Spencer			Mother's Birthplace	Falbot Co.	
Name of person giving Information	Matilda May Spencer			How related to deceased	Mother	

CAUSES OF DEATH

Primary

Tranition - General asthmeia

151

How long

2 weeks

Immediate

Respiratory failure

How long

~

Are the name, age, sex, color, date and place correctly given above?

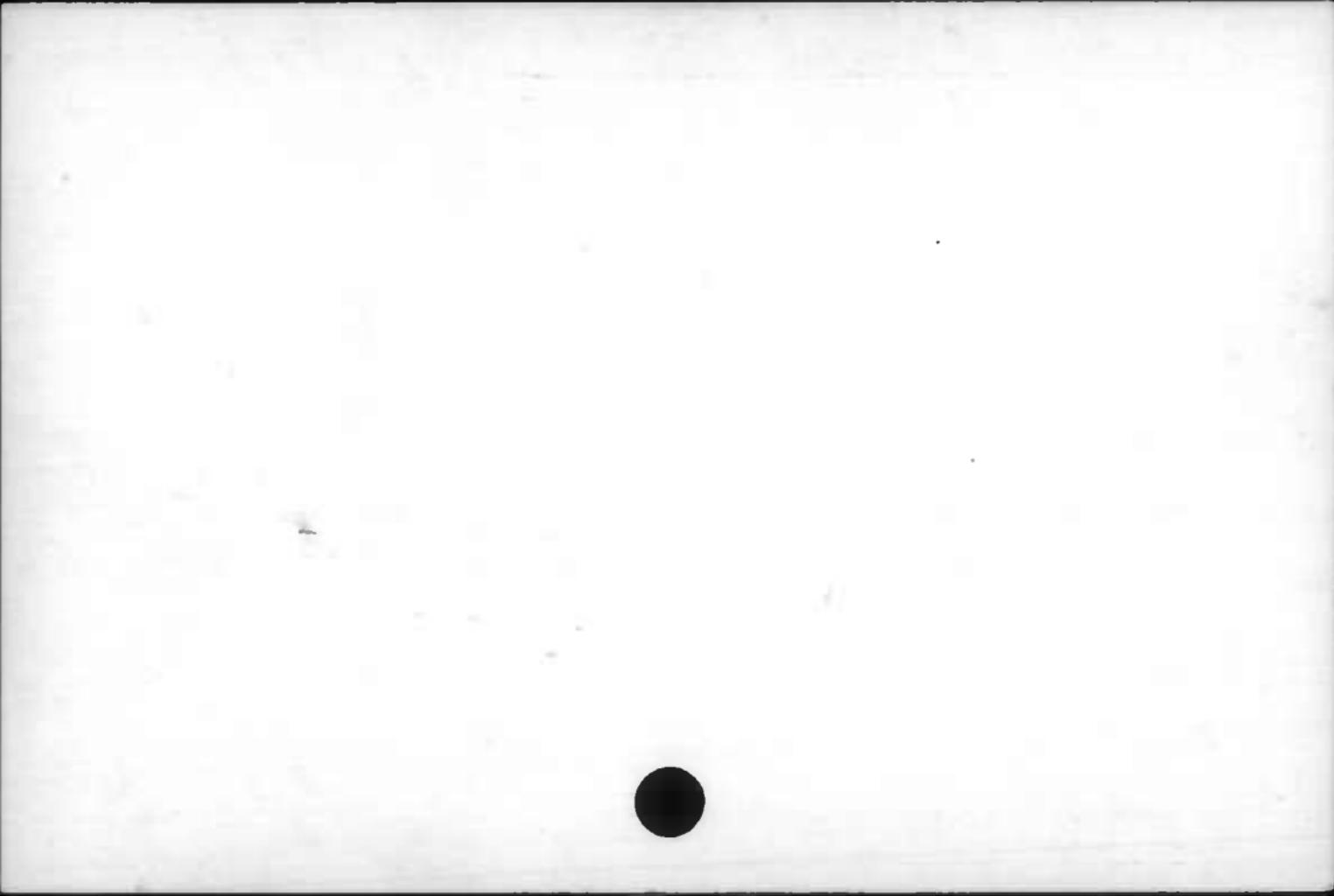
Signature of Physician

Address

Christopher M.D.  
St Michael, Md.

Accident or Suicide

No



Name  
in  
Full

Hannah Catherine Tennant

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Mc Daniel	Town	County	MARYLAND		
Date of death	1909	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Galbot Co.	
Occupation	Housewife			Where Residing if not at place of death	—	
Married, Single or Widowed	Married	Name of Husband	Edward Tennant			
Father's Name	John Shea			Father's Birthplace	Ireland	
Mother's Maiden Name	Mary Greco			Mother's Birthplace	Balts. Md.	
Name of person giving Information	Samuel H. Tennant			How related to deceased	Bro-in-Law.	

CAUSES OF DEATH

Primary

Arterio Sclerotic  
Apoplexy

64

How long

4 yrs.  
at less.

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

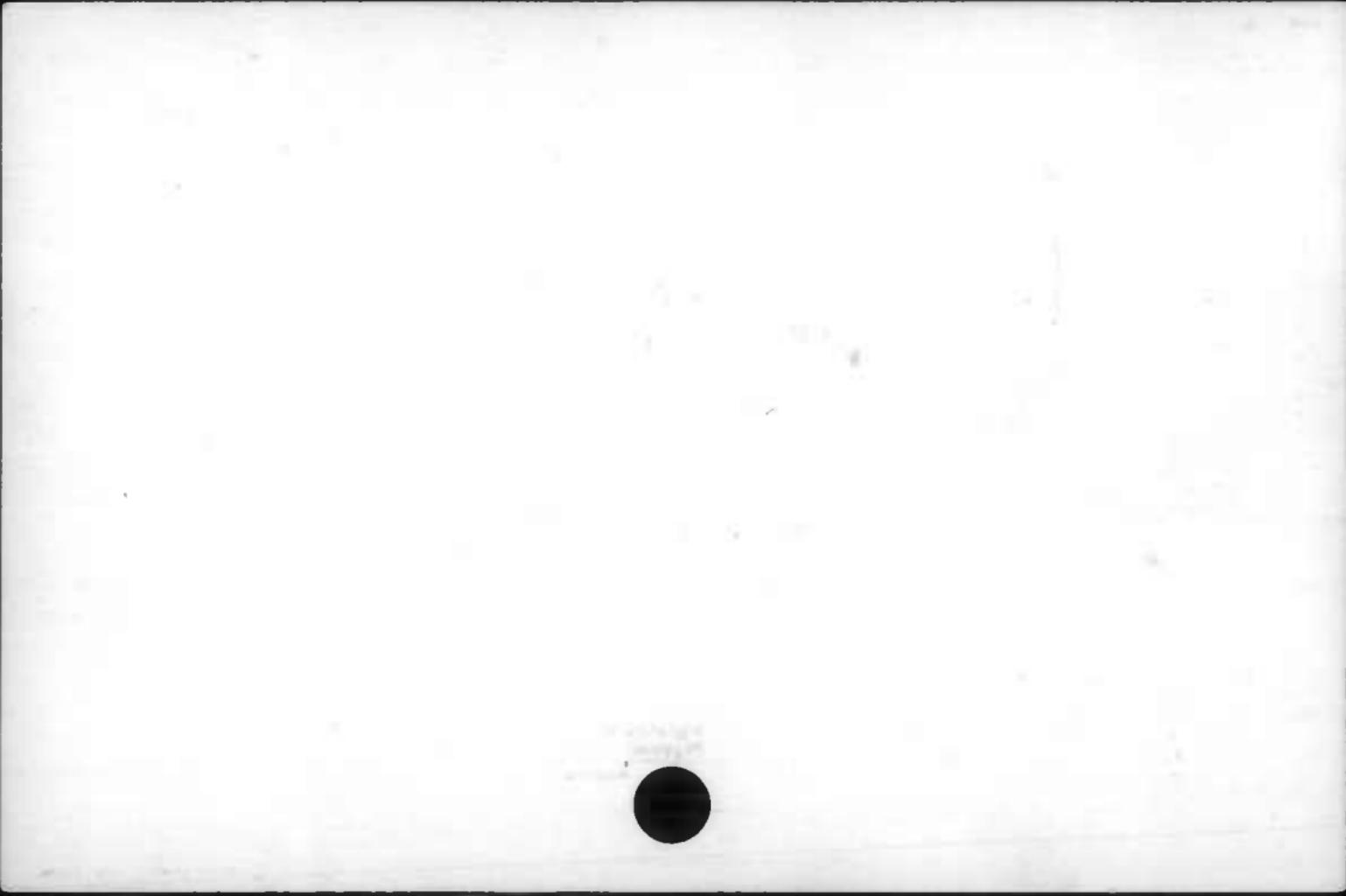
Address

H. M. Corrigan M.D.

Mc Daniel M.D.  
Galbot Co.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John James Walliant		County		MARYLAND	
Died at Hambleton		County Talbot		MARYLAND	
Date of death 1909	Month Dec	Day 24	Age 71	Months	Days
Sex male	Color or Race white	Birth-place Talbot Co			
Occupation Merchant	Where Residing if not at place of death Hambleton				
Married, Single or Widowed married	Name of Wife or Husband Ardella J. Walliant				
Father's Name Unknown	Father's Birthplace Unknown				
Mother's Maiden Name Unknown	Mother's Birthplace Unknown				
Name of person giving Information Courtney Walliant	How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Septicemia

120

How long

10 years

Immediate

Neuroplegia - Coma

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

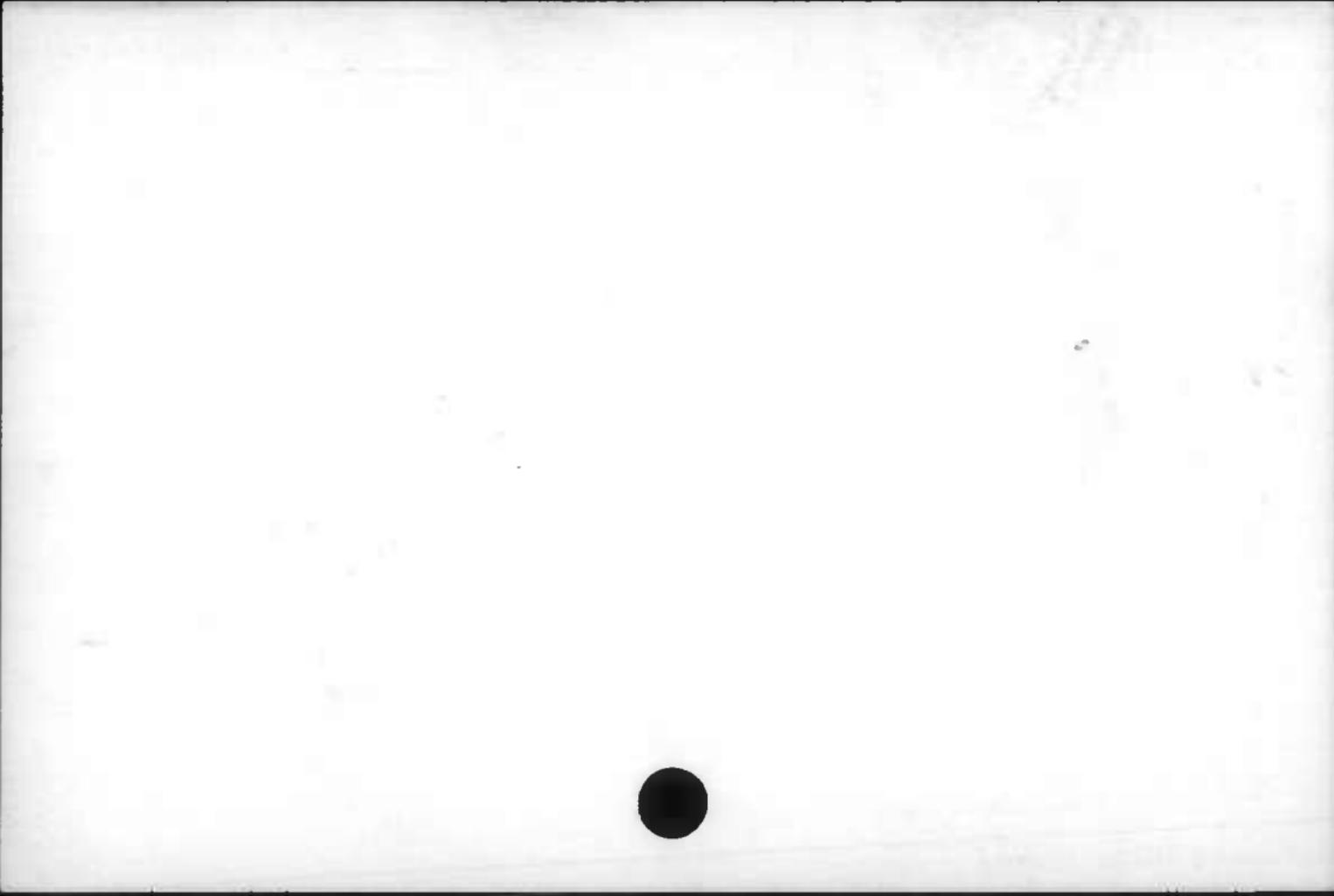
Yes

Signature of Physician

Address

J. McCormick  
Trappe - Md.

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Stella Wullen

CERTIFICATE OF DEATH

Died at

At Pleasant

Town

County

MARYLAND

Date  
of death

1904

Month

Dec

Day

16

Years

7

Months

~

Days

2

Sex

Female  
clerk

Color or  
Race

Black

Birth-  
place

Tulbot Co

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

clerk

Name of Wife or  
Husband

Father's  
Name

Ely. Wullen

Father's  
Birthplace

Mel

Mother's  
Maiden Name

Sutie Wullen

Mother's  
Birthplace

Mel

Name of person giving  
Information

J. A. Wullen

How related  
to deceased

W. Father

CAUSES OF DEATH

Primary

Appendicitis

How long

118

2 months

Immediate

Rupture of Acess of Appendix

How long

5 hours

Are the name, age, sex, color, date  
and place correctly given above?

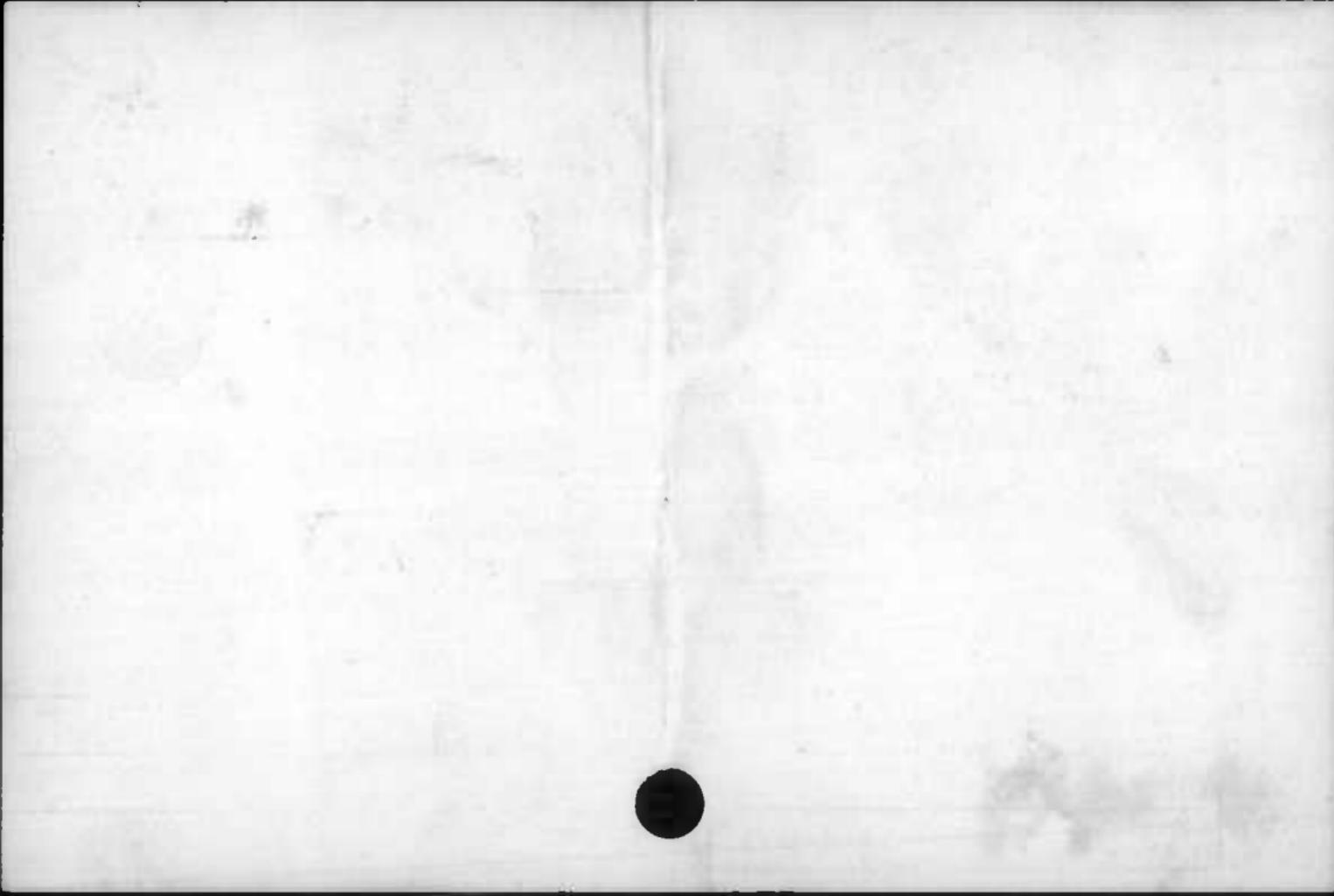
Signature of  
Physician

Address

J. B. Morris

Euston

Accident or Suicide?



Name  
in  
Full

Sarah Ellen Watkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Disd st	Town	County	MARYLAND		
Date of dash 1909	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	James B Watkins			
Father's Name	Elisbury Kirby				
Mother's Maiden Name	Ange Marie Marshall				
Name of person giving Information	Edward Watkins				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Uremic prostration.

Immediate Infirmities incident to old age. several yrs.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

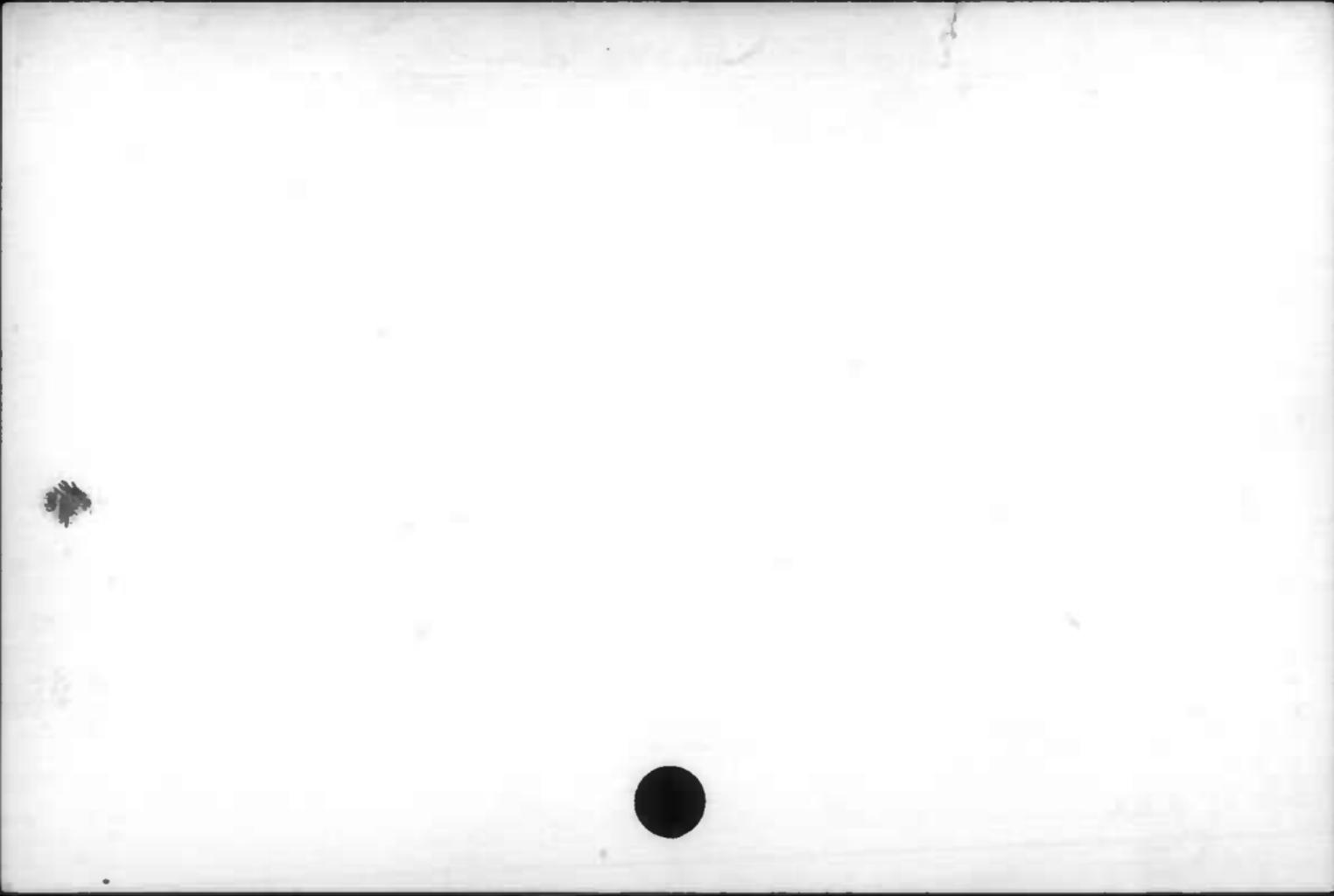
154

How long

How long

Robert Dodson  
St. Michaels Talbot Co. Md.

Accident or Suicide



Name  
in  
Full

Blanche Williams

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Trappe, Talbot County, MARYLAND  
Date of death 1909 Dec, 7th Age 26 Month Day  
Sex Female Color or Race Colored Birth-place Talbot Co. Md,  
Occupation Inmate County Home Where Residing if not at place of death  
Married, Single or Widowed Married Name of Wife or Husband John Williams  
Father's Name Unknown Father's Birthplace Unknown  
Mother's Maiden Name Unknown Mother's Birthplace Unknown  
Name of person giving Information John De Guechy How related to deceased Sust-  
Primary Organic heart disease  
Immediate Dysentery  
Are the name, age, sex, color, date and place correctly given above? Yes  
Signature of Physician Mr. S. Szymanski  
Address Trappe, Md,  
Accident or Suicide no

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

14

How long

Several years  
, week

How long

Several years  
, week

williamsburg

Name  
in  
Full

Mary Elouise Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
Easton

County  
Talbot

MARYLAND

Date  
of death 1909

Month  
Dec

Day  
22

Years  
7

Months  
8

Days  
1

Sex  
Female

Color or  
Race

Age  
7

Birth-  
place  
Easton

Occupation  
None

Beach

Where Residing if not  
at place of death  
Easton

Married, Single  
or Widowed

X

Name of Wife or  
Husband

Father's  
Name

Fred Williams

Father's  
Birthplace  
Talbot Co

Mother's  
Maiden Name

Maria Sullivan

Mother's  
Birthplace  
Talbot Co

Name of person giving  
Information

Manie Sullivan

How related  
to deceased  
daughter

CAUSES OF DEATH

Primary

Deep Cold

90

How long

4. Days

Immediate

1 Day

Are the name, age, sex, color, date  
and place correctly given above?

Yes

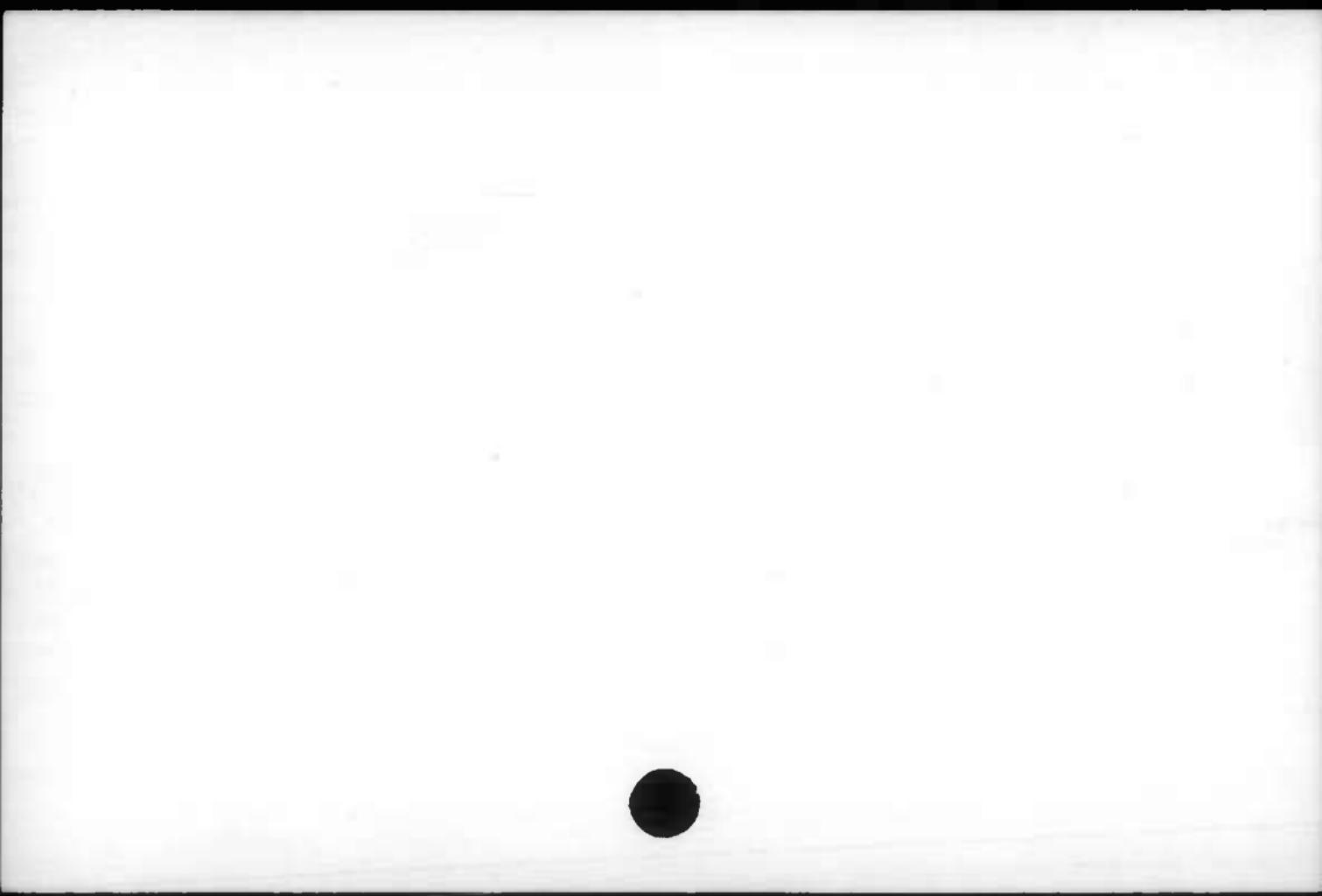
Signature of  
Physician

Address

John B Fairbank  
Easton Md  
Coroner

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Town		County		MARYLAND	
Died at	Sherwood	Talbot			
Date of death	1909	Month	Dec	Day	29
Age	87	Years		Months	5
Sax	Male	Color or Race	White	Birth-place	Hillsborough
Occupation	Pump maker	Where Residing if not et place of death	St. Marys		
Married, Single or Widowed	Widower	Name of Wife or Husband	Matilda Taoor	Father's Name	William Yawee
Mother's Maiden Name	Frances Yawee			Mother's Name	Queen Anne Co.
Name of person giving Information	Florence Marshall			How related to deceased	Daughter

CAUSES OF DEATH

Primary	Chronic nephritis	120	How long
Immediate	Congestion of lungs	5 yrs	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		J. Kenney Wilson	
		Address	
Accident or Suicide		Tilly Linton MD	



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

J.

Young Died after birth 24 hours

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Dwytown

Salisbury

Date  
of death

1909

Month

Dec

Day

31

Years

—

Months

—

Days

—

Sex

Female

Color or  
Race

Colored

Birth-  
place

Dwytown

Occupation

None

Where Residing if not  
at place of death

X

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

X

Father's  
Name

Mordecai Young

Father's  
Birthplace

Md

Mother's  
Maiden Name

Masha E Valley

Mother's  
Birthplace

Md

Name of person giving  
Information

Mordecai Young

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Weak at birth  
Exhaustion

151

How long

Immediate

a few hours

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

E. R. Duke M.D.

Easton

Accident or Suicide

Taken from

Birth Card of Midwife  
Mary Wilson

